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ABSTRACT

This report reviews theories and concepts of human development which provide a foundation for developing curriculum materials for foster parent training. The first section of the report consists of five papers which attempt to relate the developmental needs of children to the role and responsibilities of the foster parents. Chapter I describes the principles of the helping relationship which can provide a model for a positive relationship between foster parents and their foster children. Chapters II and III describe the characteristics of children from birth to age 12 in the areas of psychosocial, physical, cognitive, and emotional development. Included in this section is a table which outlines year-by-year growth in these four areas and the implications of specific characteristics at each age for the foster parent/foster child relationship. Chapters IV and V review the characteristics of adolescents and provide suggestions for handling problems at different stages of adolescent development. The second section of the report consists of 3 incidental papers, including the overview of foster child care services and two interviews on career training and preparation for prospective foster parents. (BD)

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FOR

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Second Edition

KANSAS STATE UNIVERSITY

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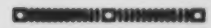

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Department of Family and Child Development
College of Home Economics
Kansas State University
Manhattan, Kansas 66506
Edited by Kathleen Ward

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PREFACE

In 1974 the Department of Family and Child Development received a three-year grant from the Office of Child Development to develop curriculum materials for the training of foster parents. During the first year a prospectus was developed of the areas of service provided by foster parents. In planning for the teaching units to be prepared, we set about first to formulate our point of view and to review the underlying concepts important in human development. The chapters of this book were prepared out of those discussions concerning the foundation concepts upon which a training program for foster parents should rest. Although our budget was small, we were fortunate in being able to bring together on part-time appointments with the project a number of talented and stimulating people. The following paragraph provides a brief identification of them:

NAME	POSITION	ACTIVITY
Brown, Gayla	Typist	
Folland, Laura	Graduate Student	Editing-First Edition
Hammond, Genevive	Senior Student	Children's Food
Jurich, Anthony	Assistant Professor	Adolescence
Kennedy, C.E.	Professor	Project Director
Lilly, Suzanne	Graduate Assistant	Child Development
Lowenstein, Jan (Mestrovich)	Graduate Assistant	Adolescence
McCord, Ivalee	Professor	Child Development
Marr, Pam	Graduate Assistant	Library and Administration
Paulus, Robert	Co-Director	Ten Area Occupational Outline - Project Coordinator
Stein, Richard	Typist	
Thomas, Kitzel	Secretary (Jan. to date)	Typing, Records
Ward, Kathleen	Graduate Student	Editing-Second Edition
Welsh, Patty	Secretary (Aug.-Dec.)	Typing, Records
Ziegler, Gary	Graduate Practicum Student	Adolescence

C.E Kennedy, Ed.D.
Project Director

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Grateful appreciation is expressed
to E. Tomasch
for the use of his drawings.

PART ONE

FOUNDATION FOR CURRICULUM DEVELOPMENT FOR FOSTER PARENT TRAINING

A Human Development Point of View for Foster Parents

by

C.E. Kennedy, Ed.D.
Professor, Family and Child Development

Foster parents are the central members in a team of professional persons and organizations in the community that are grouped together to provide foster care for children. It is, therefore, important that the foster parents have a good understanding of processes and goals of human development so that they will be able to recognize and assist in the development of experiences that are appropriate for the growth of children and youth at different age levels.

It is also important that they have a good understanding of helping relationships. Skills in the helping relationships will be a central component in the wide range of activities that characterize their services as foster parents. On the one hand, they need to know the art of helping and the communication process which is fundamental in their relationships with the variety of persons that form the foster care team. Secondly, the helping relationships skills are the heart of the art of parenting. Thus, it is important for foster parents to be oriented toward viewing their activities and services from the perspective of skills in helping relationships.

In this first chapter, we will consider briefly the relationships and role responsibilities of foster parents as members of the foster care team. We will examine these from the perspective of the basic principles of human development. These principles will have an underlying philosophical view of man in the tradition of a humanistic value system.

Such a value system assumes the uniqueness and worth of each individual. It values a program of education and nurturance which works toward the full realization of the potentialities of the individual. It assumes the task of socialization to be one that equips the young person to participate as a responsible member in his community: a critic of, as well as a contributor to, the services and values that characterize the community. His value is affirmed by the fact of his human existence and personality and not by the level of his competence or social standing.

It is assumed at one level in viewing human development that behavior is caused and the causes are multiple and interrelated. By this we mean that the individual has physiological characteristics, psychological functioning, spiritual dimensions, and social experiences and characteristics. All of these parts of his experience contribute to the present moment, to the event that he is encountering, and to the processes by which he solves a problem or responds to a stimulus. In many instances his activity will be greatly influenced by prior experiences and by his physiological endowment. Thus, programs of education can be planned with a certain degree of predictability and with the expectation that certain principles can be employed to modify behavior.

There is, however, more to human nature than that which can be encompassed within a deterministic, philosophical viewpoint. There is a creativity and uniqueness that grows out of the principle that the whole is greater than the

sum of its parts. There are also further dimensions of human experience which do not fall within the strict limitations of time and space. There are spiritual dimensions of human personality that include hope and faith, and there are intuitive processes that enable the individual to know himself in his deeper regions and to affirm his oneness with spiritual resources beyond himself.

Foster Parents as Members of the Foster Care Team

Foster parents are the persons who *integrate* the resources that the foster care team make available. Foster parents are the agents that create the suitable environment which encompasses the child during a large portion of the time that he is in foster care. When the child goes into school or into other parts of the community, he takes with him the climate of the home.

The kind of climate the foster parents will be able to create in the foster home will be influenced by many things, including their understanding of the helping relationship and their skills and management of the variety of services that are required. The climate of the home also will be influenced by the foster parents' perceptions of themselves and of their relationships to the other members of the foster care team.

The foster parent needs to understand the significance of the expectations and procedures established by certain other agencies involved in the foster care program. He must be able to accept and yet not be intimidated by the procedures from those organizations. For example, the social rehabilitation service and the social worker in charge of his child's placement have certain plans and certain requirements that are necessary parts of the care program.

Frequently, the court will also have specific stipulations that are necessary as part of the treatment of the total family situation. The schools also will have expectations, requirements, and, perhaps, prejudices. In some instances, the mental health center or other rehabilitative agencies will make prescriptions regarding the care of the child. It would be easy for the foster parent to feel overwhelmed by these various expectations and recommendations which he might view as demands against which he has no voice.

The training of the foster parent should underscore the foster care team. He should be reminded that the ultimate objectives and interests of the court or of social rehabilitation services or of the schools are the welfare and effective development of the child. Therefore, these agencies are very much dependent upon the foster parent to feed back to them problems of conflicting circumstances that are interfering with the effective development of the child. Thus, rather than being intimidated by the agencies, the foster parent needs to see himself as a crucial figure in the continuing program of problem-solving and planning for effective care of the child.

It is important for the foster parent to understand that the failure of a particular aspect of the plan of care does not necessarily reflect a weakness on his part or on the part of any other member of the team. Rather, it simply presents an occasion to review the procedures and to evaluate what has changed in the circumstances or what needs to be changed to make care of the child more effective. Thus, the tendency toward defensiveness and vulnera-

ability of the foster parent or of any member of the foster care team can be mitigated. The care program can be viewed as a continuing plan that is in need of frequent review, with the expectation that change is a natural part of growth.

The foster parent needs to view problems and failures as learning opportunities and not as situations which bring such severe repercussions upon him as the possible removal of the child. It is imperative for all members of the foster care team to remember that if an individual or a program is to be free and able to succeed, it also must have within it the freedom to fail. Unless we have the freedom to view failure as an opportunity to learn, there results an over-riding fear that chokes life from any relationship.

Foster parent services provide a wide range of services which require a number of special skills and competencies. It is well for foster parents to be reminded of this special status. Recognition of his responsibilities and expertise provides encouragement for the foster parent to see himself as a part of his community's program of mental health and human development.

The services the foster parent renders include an extensive range of physical, social, and psychological care that is required for children's survival and nurture. This is the kind of care that usually is provided by natural parents. In addition to this kind of care, which might be termed "child maintenance care," foster parents provide the special attention and rehabilitative services needed by children experiencing special stress.

By definition, children entering foster care are experiencing special stress associated with some difficulty or temporary dissolution in their natural family situation. Thus, foster parents need some of the rehabilitative skills and understandings that are required of mental health workers in various agencies in their community. In addition to the skills for the services they provide directly to the children, foster parents must also have a knowledge of laws and procedures for dealing with the courts and with departments of health and social rehabilitation--which are associated with the complexity of resolving problems in the child's family situation and with formulating alternative living arrangements.

Foster parents also are called on to relate in a constructive fashion to their foster child's natural family. Frequently, the natural family may have one or more members experiencing severe emotional or social problems which makes communication with the natural family an especially difficult task.

The point being made in this section is that it is important for the foster parent to conceptualize his role as that of an equal member of the foster care team--equal in terms of significance and of contribution of a unique function to the total effort of the foster care program. To say that he is an equal member of the team is not to say that he is providing the same services as the social worker or as the court or as the mental health counselor. But the input from each is crucial to the total effort of foster care.

It is important for the foster parent to be able to evaluate the aspect of care that he is associated with and to feed back to the other members of the team his perceptions of what is happening and changes that need to be made. He needs to be able to have the confidence to participate in the problem-solving activities that must be a continued part of the planning of the foster care program. For further discussion of this issue see Kennedy and Paulus, "Foster Child Care: A Professional Service."

Need Hierarchy - A Framework for Human Development

In setting forth a human development point of view regarding foster care, it is well to spend some time talking about the process of motivation. "Motivation" is the general term which explains why an individual chooses to act in a certain way. It assumes that there are reasons for the choices that an individual makes and that most of human behavior is the result of choice--either consciously or unconsciously made.

The term "need" is used in a special way in a discussion of motivation. It comes from the general view that there are certain kinds of satisfaction that are needed for an individual to survive or to grow or to be productive. These satisfactions or needs are seen to be in a hierarchy, with certain ones more basic to survival than others. That is, the needs that are in one area must be satisfied, at least in some measure, before the individual will be able to give his attention to the needs of a higher order.

The most basic and most powerful of man's needs are physiological needs--those things contributing to physical survival. These needs include the need for food, liquid, shelter, sex, sleep, and oxygen. For the man who is extremely hungry, no other interest exists but food: He dreams food; he remembers food; he thinks food. Even though he also may be lacking love or self-esteem, until his urgent need for food is satisfied, he can not attend to any other interests.

Safety needs are the next level in motivation. Once the physiological needs are sufficiently satisfied, safety needs emerge. In some respects, perhaps safety needs reflect areas of most concern for foster children. Safety needs are the needs for order and stability and predictability in life. It has been found that children need a predictable world. A child prefers consistency, fairness, and a certain amount of routine. When these are absent, the child becomes anxious and insecure. Freedom within limits, rather than total permissiveness, is preferred.

A certain amount of structure and predictability is absolutely necessary for the development of well-adjusted children. It is very difficult for a child who is not able to predict what is going to happen tomorrow to have any continuity with what he has known in the past. He often will develop a variety of behaviors, attempting somehow to gain some security. He may artificially manufacture it through fetishes or other behavior that is self-defeating. The foster child moved from home to home or taken from a home in the middle of the night may be experiencing severe needs in the safety area.

When the physiological and safety needs are met, then needs for love, affection, and belongingness emerge. Once the threat of lack of food and lack of safety is met, then the child can develop an appetite for belonging. His desire for love can be given expression. He can move into intimacy with others in a way that does not make love an instrument for satisfying safety but rather makes it a means of sharing and a means of expressing his personality and potentiality.

It is possible to observe individuals utilizing love and belongingness for physical survival or for safety rather than as a higher order need. They may be using sex, for example, as a means to satisfy these earlier needs and not be able to truly experience this level of development and human expression until the earlier-need areas are satisfied.

Sometimes the high degree of

vulnerability that the child has had in the past may have resulted in inadequate or inappropriate learning. This may need to be dealt with in a family situation in order to facilitate a more appropriate expression in the area of intimacy.

Moving up the need hierarchy, following belongingness and love are two categories that come under the general title of "esteem-needs." These are self-respect and self-esteem or respect from others. As an individual gains satisfaction in the esteem area, that is, as he comes to have regard and respect for himself and to receive respect and regard from others, he is able to move to another area of motivation, described as self-actualization needs. He then begins to identify those aspects of himself that are uniquely his, those potentialities that he would cultivate for the expression of his interests and for the intuitive satisfactions that come from "doing his thing." Interestingly enough, only when the individual has moved this far up the need hierarchy--when he has satisfied needs for physical survival, for safety, for belonging and love, for esteem, and for self-actualization--only then is he able to give his interests and energies directly to the need area known as intellectual activity.

The concept of intellectual curiosity, which is greatly valued, particularly in higher education and as a part of the public school system, is not something that an individual can respond to until he has a considerable degree of satisfaction in other need areas of his life. This has important implications for our school system and also for educational endeavors of families, church, and other youth groups.

What an individual who is still struggling with esteem needs or safety needs learns has to do with satisfying those needs; he cannot really give himself to exploration for the pure joy of knowing more about the universe or about the world of ideas. Similarly, as the individual is able to move into the area of cognition needs or the "needs to know and understand," he also can move into the area of aesthetic needs, the needs for beauty.

While the basic needs generally are discovered by an individual and desired in the order in which we just have described them, there are many exceptions. There is frequently a movement back and forth as the relative degree of satisfaction in the different areas changes. Some individuals may prefer, for example, to seek self-esteem more than love for others.

A person who has been unemployed for a long time may have lost, perhaps for all time, the desire for higher order needs such as intellectual curiosity, simply because he has utilized all his energies in seeking after food for such a long time.

Persons with different kinds of emotional illness are persons who have learned inadequate methods or who have, in some way, severely distorted the need hierarchy and the means of satisfying it. Gratification of needs in early life, particularly in the areas of physical survival and safety and love, are very important in providing the kind of secure and strong personality that can face the challenges that come with succeeding tasks of development in later years.

While this general orientation to a need hierarchy is important in understanding human behavior, it is well to remember that behavior doesn't appear with labels, whether it has to do with the care of young children or whether it has to do with understanding relationships among members of the foster care team. An analysis of what it is that prompts an individual to choose a

particular behavior is complex and often involves both overt and covert motives. The average person is probably more unconscious than he is conscious of the needs that are prompting his behavior.

However, in thinking about the general nature of human development, it is well for us to review with the foster parent the concepts of needs. It is important for foster parents to understand that as children are involved in their interactions with other children or with the foster parent or with school, they are responding to the basic needs for satisfaction in certain areas of their lives. Thus, it would be helpful for the foster parent to have the opportunity to see what kinds of satisfactions the child may be deficient in or may be seeking to obtain in different behavior situations. The need hierarchy also helps the foster parent to become somewhat more aware of his own motivations.

Intimately related to the concept of motivation in a need hierarchy is the phenomenon of learning. Learning is the procedure by which we modify our behavior as a result of experience. We generally modify our behavior in light of what our previous experience has told us will help us to get certain desired effects. Thus, in certain teaching situations, popularly identified as "behavior modification," the child will repeat or modify behavior that brings him "M & M's." Although in certain simple situations the rewards or reinforcements from chocolate candy can facilitate learning, in most learning the reinforcements are much more complex.

Where the individual is in his progress through the need hierarchy will influence what will be a reinforcement or a reward in a certain situation. For a child who is hungry or anxious about whether his parent will be at home when he returns, the "A" on a test paper will have very little reinforcement value. For the child who is more secure in the earlier areas and who lives in a home with a value system in which grades on papers bring him affection, the "A" on the paper may have a high value.

Going along with the concepts of motivation and of learning, to which we have briefly referred, is a system of developmental stages. These will be discussed in more detail in the chapters about child development and adolescence. An individual's developmental stage also will have significant bearing on what will be a motivation and what will be a reinforcement or satisfaction in a given situation.

The developmental stage is influenced by the physical growth and the social skill of the child or adult and by the social expectations of the environment that they are experiencing. Developmental stages continue throughout life. The general principle is that an individual needs to have satisfied, in a moderate fashion at least, the requirements of one stage before he can adequately undertake the tasks of the next stage of development. Stress and confusion result when the individual is expected to perform tasks for a stage that is inappropriate with his level of development, either in terms of the developmental stage or in terms of the need hierarchy. Nurturing and teaching that employ principles of learning will be inadequate when the teacher or parent is using a reinforcement that assumes a kind of motivation which is inappropriate for the child's developmental stage at that time.

The Helping Relationship

Although some foster parents may be interested in more extended consideration of these topics of motivation, learning, or developmental stages, most will express more interest in the applications that grow out of this general background. These applications will be realized most directly in interpersonal experiences.

Foster parents will be involved in the helping relationships which are part of their parenting activities with their foster children. They also will draw on skills of helping relations with colleagues on the foster care team. In the pages that follow, we will look more specifically at the nature of, and some approaches to, the helping relationship.

The primary desire of the foster parent is to provide the kind of help that will enable the foster child to cope effectively with the stresses of life and to grow toward the realization of his potentialities as a mature adult and responsible member of his community. When we see ourselves as helpers, this means we see the other person as possessing responsibilities and capabilities of his own. As helpers, we provide the environment and relationship that will assist the other person to develop his capabilities to carry through his responsibilities and realize the fulfillment of his hopes and dreams.

When Is Help Helpful?

Help is helpful when it provides guidance in the form of information, models, or demonstrations which assist the child to answer a question, solve a problem, or plan an activity. It is helpful when it provides a framework that assists him to plot his course. Help in the form of structure is important to assist the child to know when he is out of bounds. Structure is important to stimulate and reinforce motivation and learning. For structure to be helpful rather than harmful, it is important for the child, in accordance with his level of development, to participate in establishing the nature of the guidelines, goals, and penalties of different behaviors.

This helpful guidance ties in with two further concepts: responsibility and feedback. Responsibility is one of the primary characteristics that distinguishes human beings from mechanical robots of from lower forms of animal life. The potential to have a sense of responsibility is given to all individuals. That potential is developed, however, only through guided exercise. We learn to be responsible by being given responsibility. However, just giving a child responsibility for his behavior or performance in a designated area is not enough. We need to help him assess how well he performs that responsibility. With the giving of responsibility goes the need to provide *feedback*.

Feedback is a vital process extending through all forms of life. The speedometer on a car provides feedback on how fast we are driving. Video replay of a football game provides feedback to the players on the way they handle the ball. The employer's rating of the worker provides feedback on how the boss sees what the employee is doing.

In some of the child's behavior, the feedback is direct and easily perceived. When he is learning to walk,

falling down or teetering on his toes and heels helps him to get the feedback through which he soon learns to master the task of maintaining equilibrium. As the child learns to perform behaviors within the framework of guidelines that he understands and chooses, he is involved in many levels of activity and interaction. Because of this complexity and because sometimes effects are delayed, it is important that the helper assist the child by telling him how his activity compares with the goal and also how the behavior appears to the helper.

Helpers frequently find it difficult to provide feedback to children. The evaluative aspect of feedback often gets mixed up with feelings of acceptance and approval. Sometimes helpers do not provide clear feedback because they are more concerned that the child experience their love. Sometimes foster parents do not provide clear feedback because they do not want to seem to take the freedom of choice or creativity from the child. However, one very important kind of information needed by the child is to know how he is "coming across." He needs to know how his product or his performance "squares" with the goal he has to set or the model he's agreed to. He needs to know how his activity appears to a more experienced person who is interested in him and who is paying close attention to what he is doing.

In connection with this last statement, it has been said that it is a matter of life and death for a person to "know that he is known" by some other people who are important to him. Sometimes a child gets feedback from foster parents which is ineffective because it implies that he has achieved his goal, when the child knows he fell considerably short. Such feedback not only confuses the child in developing skill in a certain activity but also causes him to wonder if the foster parent (or anyone) really understands him--or cares.

When Is Help Not Helpful?

Unhelpful attempts to provide a helping relationship include those situations in which the foster parent's activity is dictated by his own special needs. The last section illustrated how the need of the foster parent to show love can get in the way of the help he wants to provide.

There are other ways in which the needs of the foster parent may get in the way of his attempts to provide help. Foremost among these is the tendency for the foster parent to confuse his identity with that of the child. In this situation, he anticipates how the neighbors will evaluate the child, and then he feels their response to be an evaluation of himself. This creates in him a strong need to have a child with the identical ideals he has for himself.

As a result of this need, the foster parent may find himself taking over for the child. Rather than assisting the child to understand and evaluate alternative approaches to a situation, he makes the decision for the child. Sometimes he does this through subtle manipulation; sometimes he is more direct. In either event, his "help" could create strong feelings of frustration in conjunction with the child's natural striving for self-expression, or it could foster apathy and dependent behavior in the child.

The foster parent who is preoccupied with the effect the child's behaviors will have on the foster

parent's reputation will find it difficult to provide the help needed in the form of effective listening and understanding of the child's situation. He frequently will impose his perceptions and his feelings onto the child, stifling the child's expression. He may ignore or distort what the child is feeling or saying, by word and manner.

Foster Parents' Values

This does not mean that the feelings of the helper have no place in the helping relationship. It doesn't mean that the values and life style of the foster parent are not important in helping the foster child. Both the feelings and the values of the foster parents should be made a significant part of the world of the foster child. This can best be done if the foster parent has clarity in his own mind about these matters. As the foster parent accepts his own feelings to be a legitimate part of his life, he has less need for the child to share what is going on with the foster parent. He can share with the foster child the hopes and values that he, as a foster parent, has for life. These will form a part of the resources upon which the foster child will draw as he makes choices about life-styles for himself and as he learns to interpret the meanings and feelings that are present in certain situations.

Foster Parent and Child Relationships

Foster parents sometimes buy into the myth that good teachers and parents are better, more understanding, and more knowledgeable than average people. This causes them to feel that as foster parents they must deny their humanity. They then begin to play the game of self-deception. They are not able to acknowledge to themselves or to their children the times when they are worried, when they are feeling bad, or when they make mistakes. At those times they come through in confusing fashion to the child. When asked what is wrong with adults, youths usually respond with two suggestions: 1) adults don't listen and 2) adults are phony (i.e., that adults try to act "cool" when they are really "up-tight").

It has been suggested that the characteristics of a good parent-child relationship are as follows: 1) openness--so that each is able to talk honestly with the other, 2) caring--so that each knows how he is valued by the other, 3) interdependence--so that each knows the other needs his assistance, 4) separateness--so that each foster parent and each child can grow in their own, unique ways, and 5) mutual needs meeting--so that children's needs are not met at the expense of the foster parents' needs, or vice versa.

Foster parents are not machines. Therefore, they vary at different times during the day in how they respond to particular kinds of behavior. The child's throwing his coat on the floor may draw a violent outburst from a foster parent who has just received a letter about an overdue bill. It may elicit a friendly reminder that the coat rack is around the corner when the foster parent is less pressured.

UNDERSTANDING PROBLEMS

Many helping relationships also are problem-solving situations. It is important, therefore, to identify who "owns the problem" before we start trying to solve it. Some behaviors of the child create problems for the *foster parent*. When the child is playing extremely loud records, this may create a problem for the foster parent who is trying to figure a budget. When the child feels rejected by a friend, this may create a problem for the *child*, but not directly for the foster parent.

There are certain kinds of responses that are helpful for problems owned by the child. There are other kinds of responses that are helpful for problems owned by the foster parent. And there are many kinds of communications that are helpful when the effort is a joint endeavor and not directly related to problems carried by either the child or the foster parent.

Communication skills are central, however, in most helping relationships. There are many things we say in relationships that are intended to be helpful but which really block communications. This is especially true when the problem is one that belongs to the child and not to the foster parent. Often, the roadblocks to communication are expressions of the foster parent's problem and not relevant or helpful to the child in solving his problem. Dr. Thomas Gordon, who has written some helpful books for parents and teachers, identifies twelve roadblocks to communication which are listed below. These will be followed by a listing of four kinds of communication that have been identified as constructive communication.

Let us imagine a situation in which a foster child is not doing his homework. By not getting his homework done, the child is communicating that he has a problem. The following twelve types of roadblocks to communication illustrate how foster parents might respond in ways that could block any progress toward understanding or solving the problem:

The first five responses seem to offer a solution to the problem without first knowing the problem.

1. Ordering, commanding, directing. ("You stop complaining and get your work done.")
2. Warning, threatening. ("You'd better get on the ball if you expect to get a good grade in this class.")
3. Moralizing, preaching, giving "shoulds" and "oughts." ("Don't be thinking about other things; just get on with your studies.")
4. Advising, offering solutions or suggestions. ("You should just plan a time to study and a time to play.")
5. Teaching, lecturing, giving logical arguments. ("You've only got 35 minutes before bedtime. You'd better start to study right now.")

The next three categories communicate a sense of evaluation and condemnation.

6. Judging, criticising, disagreeing, blaming. ("You're just plain lazy.")
7. Name-calling, stereotyping, labeling. ("You're acting like a little baby.")

8. Interpreting, analyzing, diagnosing. ("You're just trying to get somebody else to do your work for you.")

The next two responses try to make the child feel that he has no problem without even understanding what he is concerned about.

9. Praising, agreeing, giving a positive evaluation. ("You're really very sharp in math. I'm sure that you can get this work done.")
10. Reassuring, sympathizing, consoling, supporting. ("I know how you feel; I don't like math either.")

Parents, teachers, and other helpers try to use this next roadblock more frequently than any other. We realize that questions produce defensiveness in other people. Yet because of our desire to know or to some way elicit a response from the person with a problem, we inevitably use a great many of these.

11. Questioning, probing, interrogating, cross-examining. ("Didn't you ask the teacher about this work before you came home?" "Why did you wait so long to get started?")

Sometimes foster parents simply try to avoid recognizing that the child is presenting his problem.

12. Withdrawing, distracting, being sarcastic, humoring, diverting. ("Stick to it a few more minutes, and then we'll have some ice cream.")

These roadblocks are "language of unacceptance" because they say to the troubled person that he must change, that he's not accepted, that he isn't understood, or that he isn't heard. Therefore, the kind of response that is more helpful is the "language of acceptance."

Sometimes adults have a misconception that if you accept a child as he is, he will remain just that way and will not grow and change. Most of the time the opposite is true. If you refuse to accept a child as he is, his chances for change and growth are much less. If you accept him and if he knows that he is accepted, this provides a climate for growth, for risking, for reaching out, and for considering problems and ways of dealing with them.

There are four steps for accepting or constructive communication. Essentially, these are four different ways to listen. And it is by listening that the first steps of helping occur.

Silence is the first step in acceptive listening. It is a powerful, non-verbal language that helps the child feel generally accepted and encouraged to share his feelings.

The second step is some empathic verbal or non-verbal *acknowledgement* that he is being heard. A smile or some appropriate facial response or a verbal cue, such as "I see," is an example of step two.

The third step can be described as a *door opener*. It is something like the statement "Would you like to talk more about that?" or "It sounds like you feel strongly about this situation."

These first three steps have been basically passive listening. Effective listening requires a further step, that of *active listening*. Active listening involves not only attention to what is being said

but also attention to the message that is behind the words that are said. Training in active listening should be an important part of the preparation of foster parents.

Active listening can assist foster parents as they initiate discussions concerning management of the home situation. It counters the child's resistance to learning new things. It aids dependent or submissive children in reaching out and expressing themselves. It helps individuals in groups ventilate feelings that have been generated by pressures about them. Active listening can assist the foster parent in relationships with other members of the foster care team. One of the teaching units in the curriculum materials to be developed later will focus on specific approaches to active listening.

Signs to Look For

There are some general principles to be kept in mind in helping relationships. When a child is expressing resistance to learning or to family experience, it is a sign that he has encountered a problem. It is important to help him deal with the problem rather than to force his acquiescence to the ongoing program. The child's resistance can be construed as a signpost of concern.

Submissiveness and dependent behavior are often ways children have learned to handle, in a way least painful to them, the roadblocks of communication which they have encountered in the past from adults. Helping the "quiet child" gain independence and self-responsibility involves helping the child and the foster parent own their own problem areas. Frequently, the dependent child is reinforced in his dependence by the foster parent because the foster parent accepts the child's problems as the foster parent's problems. Following are examples of problems that belong to the child:

Mary doesn't have friends.
Jackie is afraid of the dark.
John is disappointed that his basketball team lost.
Phil doesn't want to shovel the walk.

These are problems that foster parents may be tempted to take as their own. Rather than supporting the child as he grapples with his negative feelings or seeks solutions to his problems, the foster parents may take on the problem and, in effect, deny the child the opportunity to develop the self-confidence, autonomy, and independence to be gained by working out the problem.

Much of the helping relationship of foster parents with children involves problems that the children own. There are, however, problems that the foster parent owns, and his approach to the parent-owned problems will be significantly different from his approach to child-owned problems. If the problem is in the child's area, it is appropriate for the foster parent to become a "counselor" and to use the language of acceptance. If the problem is in the area of a parent-owned problem, then the counselor posture is inappropriate, and the language of acceptance will be ineffective and phony.

The following are illustrations of parent-owned problems:

A child has interrupted the parents' conversation with their friend.
A child uses the tools in the workshop and does not put them up.
A child does not carry his part

of the workload of the house.

These are illustrations of behaviors that interfere with the legitimate needs of the foster parents. The child's behavior, in some tangible way, affects the foster parent. Interfering with the task that the foster parent has to do or with the comfort or values of the foster parent creates problems for the foster parent.

It is important for foster parents to recognize that they have needs and problems. Their approach to their own problems will be different from their approach to the child's problems, however. In dealing with the child's problem, the parent is the listener, the sound board--he is oriented to helping the child. When concerned with his own problems, the parent initiates the communication; he is striving to help himself, and he is sounding off rather than being a sounding board. Therefore, it is important for the foster parent to have the skills for expressing his needs and for confronting the other person--whether child or another member of the foster care team--regarding the situation that is causing him a problem. In this situation, as in dealing with the needs of children, he will be tempted to use the twelve roadblocks to communication, with futile results.

One of the important concepts for the foster parent to keep in mind is that he should respect the integrity and ability of the child or of the member of the foster care team. He must believe that each is able to participate effectively in problem solving. Therefore, his task is to express his problem to the other person, rather than to tell the other person what the solution shall be. This distinction frequently is referred to as sending "you messages" and "I messages."

The "you messages," such as "You stop that," "Why don't you do this?" and "You are naughty," are not effective communication. "I messages," such as "I'm feeling tired," "I'm worried about getting dinner on time," or "I feel discouraged when the house is messed up," help the other person understand the situation and allow him to participate in finding a way to solve the problem. Fundamentally, "I messages" respect the integrity of the child or the other person.

"I messages" are very important in providing feedback to the child or to the other person. Feedback is necessary for effective behavior modification on the part of the child. He needs to know what is causing the concern and what the effect of the concern is on the parent.

The good "I message" will have three parts to it. For example, a parent might say to a child, "When your toys are scattered all over the floor (description of the situation), I have to spend a lot of time picking them up and putting them back in their places (tangible effect). This makes me tired and discouraged (the feeling of the parent)."

With this kind of feedback, the child is better able to appreciate the effect of his behavior. Because he has not been put down but has been allowed to understand the effect of his behavior, he is much more likely to modify it. The parent is also much freer because he is getting his concerns out into the open.

Conflicts are inevitable. They are the natural process of human relations as we work toward change. Change is implicit in all growth. Unfortunately, most approaches to conflict resolution tend to involve a winner and a loser. Either the foster parent wins and the child loses, or the child wins and the foster parent

loses. Each strives to mobilize the power at his disposal to prevail upon the other person. Striving to win has been said to be the natural product of man's striving for self-preservation. There is, however, a more constructive approach which is termed the "No-Lose Method" of resolving conflicts.

The no-lose method approaches the conflict situation so that the parties search together for a solution acceptable to both--one that requires no one to lose. In using the no-lose method of resolving conflicts, the foster parent needs to use both his skills of effective confrontation in sending clear "I messages" and also his process of active listening to be able to understand what the needs and problems of the other person are. The no-lose method gets the problem clearly stated in an accepting fashion so that both can work together to come up with a solution, while respecting the rights of the others.

While the no-lose method of resolving conflicts sounds obvious, its effectiveness is built upon certain presuppositions. One is that power is not the answer to effective human relations. Another presupposition is that individuals generally can be constructive when 1) they are free to express their needs and 2) they are assured that there will be efforts to relate their needs to the needs of others and 3) they can participate in this reconciliation. Thus, as we have mentioned before, the skills of active listening and of confrontation are prime ingredients for effective problem-solving. Effective problem-solving, whether for individuals or for groups, can be seen to have six steps:

1. Defining the problem.
2. Generating possible solutions.
3. Evaluating the solutions.
4. Deciding which solution is best.
5. Determining how to implement the decision.
6. Assessing how well the solution solves the problem.

Summary

While foster parents provide a variety of services, much of what they do will involve the skills of the helping relationship. As foster parents become able to use the skills of the helping relationship, they will be creating an environment in the foster care home that will contribute significantly to the goals of effective child development and foster care.

The effective helping relationship will enable the child to express his feelings and identify his needs. It will help the child to know that he has worth, that he is accepted as he is, and that he can change and grow in directions that he desires. The effective helping relationship will allow the foster child to see that problems can be worked on and that a variety of resource persons and agencies in the community can contribute to the solving of problems. This will help him orient himself, then, as a member of the community. He also will learn that even as he has the right to express his needs and to be accepted, his needs also must be considered in light of the needs of other persons, and he will learn that methods of reconciling the conflicting needs can be achieved.

Teaching foster parents the skill of the helping relationship will not mean that there will not be times of stress, times of pain, or times of seeming chaos within a foster care situation. Such pressures are part of

living. However, the approach of the helping relationship does provide a model, which the foster child can see, for relating to others and for looking upon these experiences as processes in the steps of growth. In utilizing the skills of the helping relationship, the foster parent is modeling these and is creating a climate through which the child moves toward the stage of becoming able to provide helping relationships to others. This is, of course, part of the goals of effective child development.

Each child is different, and our goals for development will be special for each child. The following are some general objectives that can apply for most children. We hope that each child, by the time he reaches adulthood, will have achieved the following abilities:

1. To obtain a job and perform satisfactory work.
2. To form enduring, helpful friendships and family relationships, as leader and follower.
3. To make commitments and carry out responsibilities of citizenship.
4. To manage home, finances, and health care as head of a family.
5. To plan and to develop skills for use in leisure time.
6. To recognize and value his own strengths and worth.
7. To risk failure and to profit from mistakes.
8. To utilize and work with resources in the community.
9. To affirm values and to implement these in day-by-day decision-making.
10. To continue throughout life to seek opportunities for growth and expression of his capabilities.

Such goals might be termed the end products toward which foster parents will be striving in their activities of foster care services. The chapters to follow will look in more detail at the specific development needs of children and specific parenting behaviors that will assist in the development of young children and adolescents as they are being cared for by foster parents.

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Foster Parenting Is Understanding Young Children

by

Ivalee McCord, Ph.D.
Professor, Family and Child Development

The emotional functioning and personality of a child are products of his interactions with significant persons in his life. When these interactions are faulty or have been broken, the child is bound to have emotional problems. He may be angry or afraid, often for reasons he cannot understand or explain. Thus, it is important for foster parents to make allowances and to try to understand the events and forces which may have acted upon the child before he came to them.

A child grows as a total organism: a physical, social, emotional, and intellectual being. There are certain periods when the body seems to give all its effort to one phase of growth. If one aspect is out of harmony or under stress, other facets of growth will be affected. Growing up in an adult, technically-oriented society is difficult for any child; for the child whose world has been disrupted, it is doubly hard.

The task of bringing up a child is not an easy one. Any parent, educator, or doctor will attest to the fact. For the foster parent the task is even more difficult because the foster child is often emotionally damaged. Perhaps an understanding of some of the needs of the developing child as well as of the expectations of the society in which he lives will help make the task less awesome. Childrearing might well be labeled "social education," for the most important function delegated to parents is that of helping prepare the child for his place in the wider society.

More economical and efficient ways of providing the material necessities for children might be available, but no other institution has been found to meet the psychosocial needs of the developing child as satisfactorily as a good family setting. Children whose physical needs, only, are met still may fail to grow and develop in a wholesome manner if they do not receive love and affection.

A foster child has the same needs as any other child. In addition, he has a set of needs and difficulties which are likely to arise out of the fact that he is not living in his own home. First, what are some of the needs common to every individual?

Stages in Psychosocial Development

Erik Erikson (*Childhood and Society*, 1963) has outlined eight stages in the psychosocial development of the individual. Each stage is composed of two ways of developing psychosocially, and the individual can develop in either way. The way in which he develops depends a great deal on the people in his environment and on the way they affect him. Each of these stages is important at a particular period in the child's development. The successful accomplishment of any one stage provides the foundation for further personality

development. This does not mean that it is resolved for all time. Other crises or events may require the individual to return to an earlier level of development. For example, a child may have established a sense of trust--so important in infancy. But a new or strange situation, a frightening event, may send him back for reassurance or comfort. The child who has a strong base will need such help less often, but all children need it occasionally.

Children have a strong impulse to grow--not only in size but also in what they can do. If they have not built the necessary foundations at each stage, they may find themselves unable to push forward. If the adults know what phase of personality development is paramount at each stage, they may be able to free the child for his task.

The eight basic stages proposed by Erikson are as follows:

1. trust versus mistrust
2. autonomy versus shame
3. initiative versus guilt
4. industry versus inferiority
5. identity versus role confusion
6. intimacy versus isolation
7. generativity versus stagnation
8. ego integrity versus despair

In normal development, it is expected that the child will be concerned with developing within the first three stages. During the preschool period, these need to be considered with another facet of development, occuring at the same time.

Developmental Tasks

Another concept important to an understanding of the individual's development is that of the developmental task. "Developmental task" can be defined as a phase or a problem that occurs at a rather narrowly-defined period of life. If achieved, it leads to satisfaction and cultural approval and tends to prepare the individual for later individual tasks. If one fails to achieve the task, he experiences personal dissatisfaction, lack of social approval, and lack of readiness for following tasks.

The developmental task concept was proposed by Robert Havighurst (*Developmental Tasks and Education*, 1970). He conceptualized this as the result of an inner push or impulse toward growth and an outer pull from the culture in which the child grows. All societies do not have the same expectations for their members; hence, the socialization practices or "pulls" from the culture may vary. They even vary within groups in our own society. For example, the middle class values verbalization highly, whereas a majority of the lower class usually values physical action.

In the following sections the concepts of developmental tasks and psychosocial stages of personality development will be considered along with the age at which they are most appropriate. The push for accomplishment depends on the child's level of maturing and on the demands from his culture. How *successfully* the developmental tasks are achieved depends on the genetic endowments of the individual and on the material and personal environment provided for him by his caretakers.

Infancy and Early Childhood

The human infant comes into the world with certain potentials for

growth. Indeed, it now appears the potential is much greater than most persons ever attain. The importance of the earliest years as a foundation for later achievement has only recently been recognized. Not only is this a period of rapid physical and neurological growth, but also it is a crucial period for the beginning of a healthy personality. Thus, the infant needs a favorable "climate" or environment in which to grow.

What components are important in this environment? Good physical care, including nutrition, is essential. Physical growth is rapid during this period. Development of good bones, teeth, and strong muscles requires good nutrition. Nutritional deficiencies during this period can retard growth of the body and of the brain, which also grows very rapidly. Of equal importance, however, is the emotional climate provided. Dr. Peter Neubauer, director of the Child Development Center of New York (a clinic for emotionally disturbed children), believes the earliest years are most critical. He says, "The love and affection a child receives from a mother or mother figure, most critically from his birth through age three, will determine the path of emotional development that will carry him through his life." The human infant is totally dependent on others to meet his needs. The way in which these needs are met, whether immediately and lovingly or delayed and grudgingly, may determine his feelings about the world and, hence, the way he develops.

This is not to imply that a child is a "ball of clay" capable of being molded into any preconceived pattern. Children are born with widely different physical and constitutional differences. They also have different behavioral dispositions. Some babies eat heartily, sleep contentedly, and are generally adaptable. Others are vigorous and active. Still others are restless, sleep fitfully, do not readily take food, cry a great deal, and are just generally irritable.

Naturally, adults will react differently to each type of baby. Thus, the whole process is one of interaction: an individual child who is acting on his environment and the adult with his own nature and disposition both determining the response the child gets from his environment. Some adults are more accepting and able to deal with the difficult baby, finding it almost a challenge. Others respond positively only to the easy-going, cuddly child. In turn, some babies respond more favorably than others to cuddling and holding. The difficult baby often seems to remain difficult regardless of the type of care provided. However, life is easier for both adults and baby when the adults are able to "roll with the punches."

Sense of Trust

Since the human infant is so dependent on others to meet his needs, the manner in which they are met forms the foundation for the basic sense of trust or lack of it. As the baby experiences continuity and regularity in everyday routines, he gains a feeling that the world is a safe, friendly place. During the first weeks of the baby's life, it is important that the schedules be oriented to his biological rhythms rather than to family routines. With increased age, maturity, and experience, he will be able to delay gratification to accommodate needs of others somewhat. There is little danger of "spoiling" him by

attending to his needs quickly during the early months. If he is allowed to cry for long periods, his only means of communication is being ignored, and he may mistrust the environment.

Stability of Body Rhythms

Among the developmental tasks of the infant are those having to do with the stability or rhythm of body functions such as eating, sleeping, and elimination of body waste. A few babies may establish a fairly regular schedule for eating and sleeping by the end of two months. Others may take longer. A "self-demand" schedule of feeding contributes to the baby's development of a sense of trust in his environment and usually is preferable until the baby's body rhythms become more stable. If a more regular schedule seems indicated in order to meet family needs, a three-hour feeding schedule works better for most younger babies than a four-hour one.

Another routine adults would like the baby to fit to their schedule is that of sleeping and waking. As with adults, the need for rest and activity varies widely. Some babies take a longer time adjusting to adult patterns for sleeping through the night. Day time is equally satisfactory for sleeping, and it may be exciting to be awake at night.

However, as he grows, the baby is able to take larger amounts of food, and he stays awake for longer periods. He also becomes interested in things and people around him. Increased physical activity and an opportunity to be outdoors usually help him sleep longer at night. A quiet, dark night-time environment may make staying awake less interesting.

Interaction with Others

Neurological maturing also helps the baby become more aware of those around him. He becomes interested in people and things outside himself. From being mainly the provider of food and comfort, the adult becomes a source of satisfaction because of the social interaction he provides. The *person* may become as necessary and his presence may come to be as necessary as the material needs he earlier furnished.

This social need enables the child to give up some of his demands in order to adjust to the expectations of others. This forms the basis for his "socialization" into the culture. Unless and until his fundamental needs have been met, he may decide the human race is not worth joining. It is important for the baby to receive loving care before he can, in turn, love others and relate himself to them.

As he begins to relate to individuals in his environment, the baby also begins to communicate with them. As stated earlier, his first communication is through crying. A sensitive adult soon learns to "understand" the different kinds of crying, whether for hunger, pain or discomfort, annoyance, or distress of any kind. It is important to attend to these signals with a minimum of delay since they represent the baby's sole means of communication, and he has little tolerance for delay.

Soon the baby begins to smile, usually at about six to eight weeks. Smiling is a motor activity, triggered by a visual stimulus such as the face of the caretaker. This also usually elicits a response from the adult, and

a new form of communication is established.

Language Development

Another form of communication, speech, begins as a motor activity. Its refinement depends upon the responsiveness of the environment. As with other kinds of learning, progress depends upon what the child does and what others do. The first sounds, usually called babbling, start out as a form of motor activity. The baby "plays" with sounds much as he plays with other parts of his body. If he is encouraged by smiling and talking on the part of the caretaking adult, his repertoire of sounds increases a great deal. It is the responsibility of the adult doing caretaking acts to talk to the baby while he is awake.

When the baby begins to make sounds recognizable to the adult, he is on the way to beginning speech. His early sounds are usually such repetions as "ma ma ma," "da da da da," or "ba ba ba." These sound familiar to the adult so he selectively repeats them to the baby. The baby, in turn, is delighted with this response and begins to attach the "words" to significant persons or events in his environment. It is not surprising that "mama," "daddy," and "bye-bye" are often the first words the child learns. Most children have a vocabulary of at least these three by the end of the first year.

Solid Foods

As the infant matures, he learns to accept and digest more complex foods. From drinking only liquids, he progresses to eating solid foods on a more adult-time schedule. This ability depends on a combination of maturation of digestive organs and teeth plus the gradual introduction of new foods of a variety of textures and tastes. Although the pattern has been to start supplementary foods at a few months, this practice now is being questioned by nutritionists. There seems to be a trend away from such early feeding of semi-solid foods.

In our culture we expect a child to learn to eat three meals a day. In many cultures there is very little emphasis on this matter. Our biological needs for food could be met by quite different schedules. The fact that we "condition" children to eat three meals a day reflects the pressure from our society.

It is the responsibility of the adult to provide the nutritionally adequate foods needed for growth. What these should be usually will be recommended by the pediatrician or by a good baby book. The baby's own appetite will dictate the amount of food needed. An attempt by adults to pressure the child in the eating situation can result in a conflict of wills or cause the child to overeat in order to please the adult. It now is believed that the stage for later obesity is set in early childhood.

Walking

One of the outstanding accomplishments of the young child, one which most

adults recognize as a milestone in development, is that of walking. This is, in reality, a highly complex activity requiring the coordination of muscles, of sensory processes, and of body balance. The age at which the child walks will depend upon his health, his rate of development, his body build, and the opportunity and encouragement he receives. Usually the child learns to walk at between 10 months and 18 months of age.

Walking is the culmination of a sequence of motor developments: the baby learns to sit, to stand, to move around by crawling or scooting, to pull up and stand, to walk while holding on, and, eventually, to walk alone. A child cannot be "taught" to walk until his body and neurological functioning are ready, and when he is ready, it is nearly impossible to stop him. The impelling force comes from within and is termed "maturation." However, the opportunity to exercise and "try out" new accomplishments depends upon the existence of a safe environment and adults who provide love and encouragement.

When the child is putting all his energy into one activity, he may show less progress in another development which is proceeding concomitantly. Thus, while he is learning to walk, his progress in learning to talk may slow down. After he is walking rather easily, his vocabulary will increase--again depending on the encouragement and stimulation he receives.

Toilet Training

One of the developmental tasks expected of the child by the society in which he lives is that of learning to control elimination of body wastes. Again, cultures vary a great deal in the time and place for which this is expected. Some cultures treat the matter of elimination control very lightly. Our culture is rated as one of the more rigid, though there has been a shift toward a more relaxed attitude, especially within the middle class.

Studies of the physiological development of young children indicate the child is not maturationally ready to accomplish self-control of his eliminative functions until sometime between two and three years of age. Before that time it is usually the adult who is "trained" to catch the child at certain times in accordance with an observed body rhythm.

For the child to assume control, he has to be able to control the sphincter muscles and to have sensory awareness of his needs. The ability to inform the adult he has "gone" precedes the ability to inform before the fact.

Another factor influencing the conflict that may arise between the adult and the child over toilet training is related to one of Erikson's basic stages. If the child has established the basic sense of trust, usually during the first year, he enters the next critical stage of "autonomy versus shame and doubt." As the child begins to recognize himself as a separate being, apart from the adult who nurtures him, he has a strong need to assert himself as a person, apart from anyone else. If he has gained a sense of trust in the environment, his psychological strength for this push will be stronger.

During this stage it is necessary for the child to discover how far he can go and still be in control. It is important for the child to be able to say "no" and have his word respected. The ability to say "no" to one much

larger and stronger actually represents personality growth and strength for the child. This does not mean the child needs, or even wants, complete freedom and independence. Instead, he needs reasonable, safe limits that let him know over which areas he does have control. Since elimination is one area he can control, this is an area which may cause a conflict of wills. Thus, it is often wiser not to force the issue until the child feels himself in control in some areas or until he enters a more cooperative phase. Nor is this a time for shaming the child or for making him feel guilty. Such feelings attached to toilet functions may generalize to such other areas as sex or self-concept.

Intellectual Development

As he becomes more mobile in the environment and as his brain grows and develops, the child begins to learn new things. His intellectual development, like other facets of development, depends on the interaction of forces from within and of the pull from the environment. The child must have sound neurological and sensory equipment in order to "reach out" for new experiences. In turn, the environment must furnish stimulation and satisfaction to meet his growing awareness. Recent evidence indicates that the kind of response provided by the environment, especially the encouragement of the significant adult, is a large factor in the child's intellectual development. If he is allowed to "explore" his environment, if his curiosity is fostered, and if he recognizes the adult as a source of information, the child is more likely to be a "seeker of knowledge." On the other hand, if he is confined in a limited area, reprimanded for "getting into things," or told to "shut up and not ask so many questions," he may become a passive observer.

Intellectual development depends, first of all, on the inheritance of sound neurological equipment, but then it depends upon the richness of the environment and the opportunity to interact with it. Concepts are formed through repeated experiences with people, objects, and events. As experiences are stored in memory, the child is developing the tools necessary for further learning. Increasing language ability also aids the process.

Beginning concepts are rudimentary and simple. The young child learns through tangible, concrete experiences. He is unable to deal with abstract ideas or to perform logical reasoning. He sees things only from his own point of view and from their relationship to him. For this reason he does not have a strongly developed conscience (feelings of right and wrong) though he begins to show evidence of this toward the end of the preschool period.

As a result of continued maturation and learning and of their interaction, the young child makes impressive gains in motor skills, language, and intellectual functioning. During this period he learns principally through his perceptual-motor activity. He is "on the go" during most of his waking hours, and touching and tasting are still important avenues for learning. He has little knowledge or awareness of possible dangers. Thus, it is important for adults to provide a safe but mentally-stimulating environment.

After the child has established his sense of autonomy--has established himself as a separate being, apart from others--he enters the stage Erickson labeled "initiative versus guilt." This stage occupies most of the period from ages three through five. This is

a period of trying to find out what he can do. It is concerned with plans, ideas, and *action*. The plans and ideas are not always sound, especially from the adult's point of view.

It is important during this period to supply an environment with many things to do. The child wants to try out many things and may go from one to another rather quickly as he "samples" all that life has to offer. He needs an opportunity to try out his "creativity" in a variety of ways: music, art materials , movement, dress-up clothes, blocks, and other constructive materials. The child who does not have enough to do often will go looking for excitement and sometimes end up getting into trouble. On the other hand, if the environment is challenging and stimulating, he will have a good start toward intellectual curiosity.

The preschool child can ask more questions during a day than most adults possibly could answer. But his questions deserve respect and consideration. Occasionally he asks questions to get attention, but more often he asks because he wants to know. If his curiosity is treated with respect, his concept of himself as a worthy and significant person is enhanced.

Relating to Others

By five years of age the child has entered a period of slower growth. Girls are usually about a year ahead of boys in physical development and in readiness for school-like experiences. Five-year-olds are usually quite cooperative and eager to please. Although they are usually less active than four-year-olds, it is still difficult for them to sit still for very long.

Children of this age are usually quite independent physically, being able to wash, dress, feed, and toilet themselves with only occasional adult help. However, they are often in need of emotional support, the assurance they are loved and valued. They venture into group activities with other children but, depending on past experience, frequently need help in learning the social skills of sharing and the give-and-take of group living.

As he becomes more sure of his own selfhood, the child begins to reach out to others, and companionship becomes increasingly important to him. In fact, it is this need to be with others and to have their approval that makes him willing to give up some of his own self-centered desires. Adults may cater to his whims and desires, but other children demand fair play and a willingness to give as well as take. Through play with others of similar age and ability, the child learns his own strengths and weaknesses--how he "measures up" in the eyes of other children. Thus, he begins to learn the rules of the game. If his emotional needs have been met adequately at home, the child is usually ready.

Role Expectations

Most children have established their feelings of male or female roles by age five. The American culture expects differences in the behavior of boys and girls, though recent trends have been toward less difference in role behavior. Girls now are being encouraged to take part in more physical activities and to actualize potentials

in other pursuits formerly considered to be in the masculine domain. In a similar manner, boys are being encouraged to undertake artistic and creative activities and to express their feelings honestly rather than to become "stoics."

Sexual modesty begins to develop at this age, partly because of cultural pressures and partly because of growing awareness of differences.

Children who have not observed children of the opposite sex are still curious about differences. For this reason, it is usually preferable for this curiosity to be satisfied at an earlier age when it can be handled less self-consciously.

Conscience Development

The five-year-old usually has begun to develop a conscience and concepts of right and wrong. The strength of conscience depends upon the modeling by the adult and on the warmth of the relationship. When the adults are warm and affectionate and patient in delineating the rules, children are more likely to develop a strong conscience. Indeed, there is danger of developing such a strong conscience the child will feed guilty later anytime he goes against the wishes of a significant adult. On the other hand, rigid authoritarian control tends to foster rebellion and the flouting of authority.

Children who have a strong sense of right and wrong frequently assume the role of the authoritarian adult, telling other children what they should or should not do. A child with a strong conscience develops the ability to do what he has learned is right even in the absence of the adult. Later, peer pressures to go against adults may test the validity of this. Thus, it is important that time and consideration be given to fostering healthy conscience development at this time.

Development of a conscience--obeying rules; resisting temptation to cheat, lie, or steal; or being kind to others--does not come easily for a child. That it comes at all depends a great deal on the adult caretaker. If the adult is a good model who practices these behaviors and if he is warm and loving so the child wants to be like him, the child is likely to assume the behaviors for himself. Stern discipline may force him to assume the behaviors in the presence of the adult or authority but may not cause him to internalize them. If the child has "weathered the storms" created by his own developmental needs and the pressures of the society, he will be ready for the next step. This big "push" requires the ability to leave the relatively "safe" environment of the home. Now the child's main arena of activity takes place in the school and the peer group.

Middle Childhood

"Middle childhood" is used to refer to the period when the child is in elementary school or when he is approximately 6 to 12 years of age. This is a period of transition between the home and the larger community. In many ways children of this age have received less attention from students of child development than children of preschool age or adolescence.

This is a period of steady, but not spectacular, physical growth. The rate of physical growth slows down in comparison to that of the early childhood period.

But it is a period of great activity--physical, mental, and social. This activity is usually more purposeful than the earlier activity of the young child. Erikson labels this period as one of "industry versus failure or inadequacy." It is important for the home and school to capitalize on this sense of industry and accomplishment by providing opportunities for success experiences. However, too much emphasis on academic achievement can destroy the child's self-confidence. (See John Holt - *How Children Fail, 1964.*)

The child in the middle years needs praise, encouragement, and understanding. He wilts under criticism and disapproval, becoming discouraged easily. He is often explosive and changeable. He wants to be grown-up, yet he often feels small and dependent in spite of his air of not caring. A sense of humor on the part of adults can help make this period easier for all

Middle childhood is characterized by three great outward pushes: a thrust out of the home and into peer group; a physical thrust into the world of work and games; and a mental thrust into the world of "knowing."

Some developmental tasks are universal while others are peculiar to the society in which the child grows up. Those that depend on social expectations more than biological development are especially subject to variation. The tasks suggested here are probably those most characteristic of middle-class America.

It must be remembered that there is a time when most developmental tasks need to be dealt with, but others recur in varying aspects over a long period of time. This is especially true of the tasks of middle childhood. Learning to get along with one's age mates, learning physical skills, and learning to take responsibility may recur over a period of time.

The Peer Group

Although learning to get along with age mates is important at various ages, it is especially important in middle childhood. As the child moves from the family circle into school, the need for approval is met increasingly by the peer group. Whether adults are aware of it or not, the child's chief concern at this period is usually with this task. If he is having difficulty in this area, it may be a key to some of his other problems. Adults, parents, and teachers may need to help him learn skills for solving this task.

An important function of the peer group is being a "testing ground" for a variety of sets of values. If the youngsters come from similar home backgrounds, there will be less conflict of values. Nevertheless, the child is brought into contact with larger numbers of children his own age than he has known before. The gang is often ruthless in its requirements for acceptance.

Matters of taste and fashion come under strong peer influence. It is important to dress and talk like other members of one's age and sex group. Conformity is the key. The peer group teaches its members how to think.

There is a cult of childhood ritual, usually passed from one school generation to the next. Secret clubs and secret language that exclude adult participation become popular.

Conscience Development

By this age, the conscience usually has become more stable for the child in his own home under normal conditions. For the foster child, this may not be true.

Stealing during this period is not infrequent. Some children steal in order to buy friendship or to replace the void when they feel unloved. Or stealing may be a way of "hitting back" at the world in general. It even may be a way of "testing" foster parents to see if their concern is strong. It may mean only that the temptation was too great.

Lying is not unusual. It often is used in fear of punishments. For the damaged child it may have become a way of life that is hard to change.

Physical Skills

An important developmental task of this period is the learning of physical skills necessary for ordinary games. If the child can succeed in skills for games involving such activities as throwing, catching, kicking, tumbling, and swimming, he usually will be rewarded by the peer group. This is especially true for boys in our culture, although recent trends place more emphasis on physical activities for girls as well.

The characteristic body build for this period is slender and lanky, though this will be less true if the child is not active. There is a rapid increase in muscle growth at this period; thus, exercise and general state of health are especially important. Because the heart is smaller in relation to the body than at any other period, there is danger of placing strain on the heart during this time. For this reason there is danger in highly competitive sports which may push the child beyond his limit.

Health Habits

Another developmental task of this period, one closely related to the physical development, is that of building positive attitudes toward oneself as a growing organism. Because children are approved or disapproved of on account of their physical skills, it is an appropriate time to help them develop habits of care, cleanliness, and safety. Since the immediate rewards for good habits of diet, sleep, and exercise may not be apparent, the stress on health habits as they influence the development of physical skills may seem more significant to the child.

Habits of good posture also are important at this time. Posture is usually indicative of the child's feelings about himself and is a reflection of his physical and health status.

When muscle development is rapid and permanent teeth are erupting, good nutrition is an important consideration. Good muscle tone depends on adequate protein in the diet as well as upon exercise. Good teeth and freedom from cavities are dependent on good nutrition and wise dental habits as well as on the inherited tendencies in this regard.

The School

Middle childhood is a period for

developing fundamental skills in reading, writing, and calculating. The nervous system of most children becomes sufficiently mature for learning these skills at this time. However, there is some evidence these tasks are started at too early an age for many children. Children in Russia and in Scandinavian countries do not start school before seven years of age because of the beliefs of authorities that "children are not ready" earlier for the school situation.

For some children the nerves and muscles of the fingers, hands, and arm are not ready for writing before the sixth year. The eyes are not biologically ready for reading before six or seven. That is, the fine coordination required of the eye muscles for moving rapidly over a page of print is achieved partly as a result of nerve and muscle growth. Also, children are naturally farsighted in early childhood, and their eyes typically become adapted for normal sight, and thus for reading, at about age eight. Therefore, the trend is generally toward starting reading at a later age when it can be accomplished with less stress for child and teacher. This later age for reading is especially significant for boys, who typically have had more reading "failures" than girls have.

During this period children become better able to deal with abstract concepts and to understand causal relations. The brain, which reaches adult size at about age eight, now becomes capable of qualitative elaboration. If all is going well in the physical, social, and emotional realms, this is a time for rapid intellectual growth. Piaget, one of the "giants" in developmental psychology, believes that at about eleven or twelve, most children become capable of higher levels of reflective reasoning and thinking. Before that, they learn mostly through concrete experience and manipulation of materials.

If the child can be successful in mastering difficult school tasks, he will gain a feeling of accomplishment and find favor with adults. If he cannot succeed in any appropriate area, he may become part of a gang that fights against the rules and against adults. Thus, it is important that adults help him find success in ways that are helpful and satisfying. Otherwise, the most important tasks of this period are not accomplished.

Foster Parenting Is Helping Children Grow

by
Ivalee McCord, Ph.D.
Professor, Family and Child Development

The impulse for growth is strong, not only for the physical body but also for other phases of growth as well. The important function of adults is to provide the environment that will enhance growth. This means providing good physical care and proper nutrition, but it also means providing the proper social, emotional and intellectual climate conducive to growth.

Recent studies again have focused on the importance of the early years for forming healthy social attachments, for stable emotional development, and for laying a good foundation for later intellectual achievement. This requires knowledge about how children grow and the emotional maturity to be the model for children to pattern after. This is not an easy task, but the rewards are great.

The foster parent needs to provide the proper environment, then stand back, and let the child grow in his own way. The child is not a ball of clay to be molded but rather a unique individual. Growth toward his potential is a result of the interaction between his inheritance and the environment, psychological as well as physical.

GROWTH DURING INFANCY

Physical Growth

Except for the prenatal period, the first year is the one of most rapid growth. At birth, the average length of the baby is about 20 to 21 inches, and the average birth weight is about seven pounds. By the age of one year, the average baby is about 28 to 29 inches tall and weighs about 20 pounds. That is, the length has increased by 50%, and the weight has nearly tripled. Ordinarily, babies on a formula gain faster than breast-fed babies. Since the baby's gain averages about one ounce daily during the first three months, the birth weight usually is doubled by about five months. A fat baby is not necessarily a healthy baby, and there is now a tendency to delay most supplementary foods until the baby is six months of age.

Changes in Proportion

One of the most striking changes is in body proportions. At birth, the head is approximately the same circumference as the chest and represents about one-fourth of the total body length. Also, the upper part of the head and face are more developed than the chin and lower jaw. In contrast, the feet and legs are much smaller in relation to total body size than they will be later. The relative size of the head and of the brain should provide clues to the importance of neural development during the prenatal and early infancy period.

Different parts of the body grow at their own, but not at the same,

rate--resulting in gradual changes in body proportion. Without these changes in proportion, it would be difficult for the child to achieve upright locomotion.

Skeletal Development

Many of the changes in body proportions are due to the manner in which the skeleton develops. Some bones grow more rapidly than others, but development is more complex than just an increase in size. There are changes in the number of bones in the body and in the composition of the bones, as well as in shape and size. Most bones start out as cartilage, which is relatively soft and pliable. Thus, the infant's bones are more reactive to muscular pull and pressure and more susceptible to deformity than those of older children or adults. They are also less likely to break easily.

The cartilage in the arms and legs increases in length, but ossification centers also appear. These are points at which calcium and other mineral salts are deposited, resulting in hardening of the bones. The development of the bones occurs in a regular, predictable manner, but it can be impaired by illness or by dietary deficiencies.

Development of Teeth

Development and eruption of the teeth also give an index of the physical development of the infant, though there are wide individual differences. The "baby" or deciduous teeth are present in the fetus before birth, and they begin to calcify by the fifth prenatal month. A very small proportion of infants are born with one or more teeth, but others may not have a tooth before one year. For most infants, the first tooth erupts at about six or seven months of age. Genetic factors are usually more important than any other factor in the sequence and timing of tooth eruption.

Muscles

Although all muscle fibers are present at birth, they are relatively undeveloped, even during the period of infancy. This helps account for the baby's lack of strength and body control. The striped or skeletal (voluntary) muscles are not completely under the infant's control.

Different muscle groups grow at different rates, and the muscles near the head and neck develop earlier than muscles near the extremities. Thus, the baby is able to hold his head up before he gains control of other parts of his body. Control of the body proceeds from head to foot (cephalocaudal) and from the center of the body outward. For example, the infant uses arm muscles before he uses finger muscles.

The processes of muscle growth include not only increases in size but also changes in composition. The infant's and young child's muscles have a relatively high water content. Because of this and because of incomplete control, muscles fatigue easily but also recover rather quickly. At this time protein in the diet is an important nutrient, necessary for good muscle growth. This is supplied by milk, egg yolk, and meat products.

The strength and size of muscles vary considerably, based largely on genetic factors. However, nutrition, general body health, and exercise are important influences on muscular development.

Motor Development

Since the sequence for motor development is orderly, knowing the stage reached by an infant will help the adult know what can be expected next. There are wide variations for healthy babies in the ages at which certain levels are reached, but there are norms which help the adult know what to expect next in the sequence. A few infants may even skip a stage in the sequence, but, in general, they pass through all the stages at their own rate. Thus, a baby learns to sit before he crawls and to crawl before he stands.

Prehension

One important achievement during infancy is the baby's ability to use his hands for seizing, grasping, or releasing. This requires coordination of eye and hand movements. Control of the eye movements precedes that of the hands. Even at four to five months of age, the baby does not use the thumb and fingers in opposition (prehension) but makes a scooping motion, called a "palmer grasp." The action involves mainly the shoulder and elbow action. With maturation, there is increased use of the hand, wrist, and fingers so that by about 36 weeks of age, the infant is able to see and pick up an object with his thumb and fingers.

Upright Posture and Locomotion

Walking, which most of us take for granted, represents one of the greatest achievements of humans. It requires the coordination of muscles, vision, kinesthetic sense, and body balance. A number of learnings and maturational milestones must precede this important event.

This developmental sequence which precedes walking may be briefly summarized as follows. The ages are norms only.

Chin up----------1 month
Chest up----------2 months
Sits with support----------4 months
Sits on lap----------5 months
Sits in high chair----------6 months
Sits alone----------7 months
Stands with help----------8 months
Stands holding furniture-------9 months
Creeps----------10 months
Walks when led----------11 months
Stands alone----------14 months
Walks alone----------15 months

Emotional Development

Most students of child development agree that the emotions of young infants are vague and poorly defined but that they become more differentiated with age. The very young infant seems to express only distress or satisfaction. Emotional behavior also tends to be intense and of an "all-or-nothing" variety. That is, the infant responds to any emotion-arousing condition with

his whole being.

There are, however, temperamental differences in young infants, apparent even at birth. These influence the manner in which the body reacts to emotion-causing situations. These differences include such characteristics as tempo, energy expenditure, adaptability, and responsiveness to the environment. The differences tend to persist regardless of the type of childrearing practices used by the adults. However, the environmental demands and expectations which are most stressful to a child seem to be related to his temperamental characteristics. These temperamental characteristics likewise have an interaction effect on the adult caregiver. Adults may react quite differently to an active baby than they would to a passive or lethargic one.

An infant who has been deprived of a normal emotional relationship with a mother figure may exhibit unusual emotional behaviors. He may be listless, unresponsive to normal stimuli, not gaining weight properly, sleeping fitfully, and generally being indifferent to his environment. Even though the deprivation takes place during the first year, when memory is believed to be short and hazy, the consequences may be apparent not only at the time but also in later years in distorted personality development.

Social Development

The first form of social communication of the infant is, of course, crying. A sensitive adult soon learns to differentiate the meaning of various kinds of cries: the infant is hungry, wet, sleepy, annoyed, or just uncomfortable. Whatever the reason, it is important to listen and respond to the call for help. Failure to do this may cause the baby to give up trying to communicate his needs. Crying is his only means of communication in the beginning, and it is no longer considered good practice to let a baby "cry it out."

The smiling response is usually present by the age of six weeks. By this time the infant becomes visually aware of the world around him, his vocalizations increase, and the amount of crying usually decreases. That is, he starts to "coo" and, eventually, to "babble."

It is important for the mother or the mother figure to talk to the baby and develop a sensitive response to his needs. Out of this attachment grow the desire and need for human contact and the strong drive to communicate. Also, the responses the infant makes to the caretaker will generalize to other people.

As the baby grows he begins to perceive objects and persons as such. He associates the one who cares for him with satisfaction of his needs and relief from discomfort. He begins to form an emotional attachment to the caretaker.

At about six to eight months, most infants recognize the difference between the mother or mother figure and strangers. This is actually a sign of perceptual discrimination, indicative of the fact that a difference is perceived between "mother" and "not mother." It represents positive growth in perceptual ability, though it may give the appearance of being anti-social for a few months. As the infant has more experience with a variety of adults, this reaction drops out. If he has experienced love and warmth, his feeling of positive regard generalizes to others, and he develops what Erikson

calls "basic trust."

A child who has not experienced caretaking from the same one or two adults is less likely to form this kind of attachment. Children reared in an institutional setting, even if they are physically well cared for, are usually less socially responsive--less likely to smile or vocalize. Human interaction is fundamental to healthy personality development. From adults and other children, each individual learns the accepted ways of behavior within his culture. Thus he becomes "socialized."

As the baby vocalizes and produces sounds recognizable to adults, they respond to him with a selective feedback. Thus, it is not surprising that "mama" is the term for the mother figure in many societies. The vocalizations of "ma-ma-ma," "ba-ba-ba," or "da-da-da" begin as motor play as the infant experiments with various sounds. These are similar to words familiar to the adult who then "feeds" them back to him. By the end of the first year, most infants have acquired a vocabulary of "mama," "dada," and "bye-bye," all significant words in their environment.

Intellectual Development

To understand the infant's potential for intellectual development, it is necessary to understand the interactional nature of inherited neurological equipment and the kinds of stimulation provided by the environment. Low levels of intellectual functioning, once thought to be due mainly to poor inheritance, are now attributed to inadequate amounts and quality of stimulation from the environment as well.

An infant who lacks any of the sensory capacities--especially for seeing, hearing, or feeling--or who has damage to any part of the neurological equipment will be unable to make maximum use of stimulation from the outside world. Conversely, even a sound central nervous system must receive sensory-motor stimulation as a foundation for learning.

Thus, it is important to provide mobiles, pictures, or pieces of figured cloth for the baby to see and a variety of sounds for him to hear. Human faces and human voices have been found to be the most interesting stimuli for young babies.

At birth, the brain has reached approximately one-fourth the size it will be at maturity. It has grown faster, relatively, than the rest of the body. One-half of all the growing the brain will do in size is accomplished during the first year, and it reaches nearly adult size by eight years. It is believed, however, that the lower-brain centers (cerebellum) control much of the early behavior whereas the higher-order portion (cerebral cortex), which is involved in the processes of thinking and reasoning, does not take over until later in development. Thus, quantitative growth may not mean qualitative growth.

Visual Activities

Recent research has revealed interesting information about the infant's visual development. Visual perception is probably the most completely developed of the senses at birth. Recent emphasis on early stimulation has focused on the importance of providing interesting visual objects in the

environment during this period. As a consequence, patterned sheets, rather than plain ones, and mobiles or stabiles have become an important part of the young infant's environment.

Authorities believe the infant is able to see light, dark, and color at birth and that he has good visual acuity, though he does not perceive clear-cut images. It also appears that the baby does not make adjustments to objects placed at varying distances from his eyes during the first month.

According to best available data, coordination and convergence of the two eyes are absent at birth but appear a few hours afterward. However, real convergence, or binocular vision, does not appear until seven or eight weeks. Some babies appear cross-eyed because they have not learned to coordinate their eye movements. Usually this accomodation is made with experience.

Research has shown that the age range from 1 1/2 to 5 months is a time of enormous importance for early perceptual-motor development. Infants reared under normal conditions show a surge in visual activity during this time. As early as 16 weeks of age, the infant is able to focus on near and far objects. However, he gives evidence of depth perception and recognizes human faces as early as 12 weeks of age. By one year, his visual perception may be similar to that of an adult, though he naturally lacks the background for associations of stimuli that adults experience. For example, the moon or an airplane might appear easily within reach for the young child because he has not had experience in near and far objects.

An interesting development, typically occurring at about five months, is visually directed reaching. The infant will see an object and reach for it accurately, a task requiring good eye-hand coordination. Although this development depends upon maturation of the organism, it is also subject to environmental experience. Infants raised in an institution are retarded in this attainment, while infants provided with an enriched environment may show this ability by 4 or 4 1/2 months.

Sense of Hearing

Less attention has been given to the infant's hearing perception than to vision. It is known the newborn is capable of hearing and is sensitive to location of sound as well as to frequency. Occasionally a newborn baby may seem to be deaf at first because of fluid in his inner ear. Low frequency sounds tend to cause an increase in motor behavior if the baby is normally alert and not hyperactive. Low frequency sounds also seem to quiet the child if he is crying. Newborns become quieter in response to rhythmic sounds, especially a sound similar to a rhythmic heart beat. Whether this is related to the mother's heart beat prior to birth is still a speculative matter.

Hearing is, of course, essential for the child's speech development. It is from the selective discrimination and feed-back of sounds from the baby's initial babbling that he learns which sounds are important. In fact, non-hearing babies babble much like normal infants, but their sounds drop out if they do not hear the reinforcement of their own or an adult's voice.

Although little work has been done in the field of auditory stimulation, it seems important that the infant be exposed to variations in sounds and that the environment should not be so noisy as to present too much stimulation. For practical purposes the human voice seems one of the most significant forms of stimulation. Adults should talk to the baby a great deal whether they think he understands or not. He picks up the rhythm and inflection of speech and thus builds the foundation for his own speech.

Sense of Touch

The infant learns a great deal through the sense of touch. He likes to feel surfaces of varied textures. He also explores a great deal with his mouth. During this period it is essential that toys or objects with small or loose parts be kept out of reach. It is also important that non-leaded paints are used on baby beds or furniture used by the infant since he tends to suck on whatever is available.

Cognitive Development

Although most of the research on mental development of infants has focused on sensory-motor acts, others have begun to study the quality of the infant's mental activity. Psychologist Burton White of Harvard now believes the period from 10 months to 18 months is crucial in a child's intellectual development. This is the period during which the child develops his ways of knowing or his "cognitive style."

During this period the child becomes mobile--he can get into everything, and the way the mother reacts at that time has tremendous influence on how the child makes use of his environment later on. Mothers who provide a rich variety of toys, allow quite a bit of latitude in exploring the environment, and foster curiosity help nourish the child's intellect. On the other hand, mothers who restrict their child by the use of playpens, gates, or highchairs for long periods severely impede his curiosity.

This is not to imply that failure to use this time well handicaps the child for all time, but it does indicate this period is more important for later learning than was formerly believed. Authorities in child development believe most individuals make use of only a fraction of their ability. On the other hand, if the environment is overly stimulating, it may cause frustration and withdrawal. The behavior of the child--his reaching out to the environment--should provide the

clue for adults. The child's actions should tell whether he is bored or over-stimulated.

FROM ONE TO TWO

Physical Development

Although the rate of growth slows down during this year, it is still fairly rapid. On the average, a child gains about four inches in height and four or five pounds in weight during the year.

The skeletal structure becomes more calcified. The fontanelles, soft spots in the skull, generally become fused, and most of the temporary teeth erupt during this year. The most important source of calcium in the diet, milk, and a source of Vitamin D are necessary for this calcification to take place.

Since body proportions also change markedly, the child assumes a more adult-like appearance. The head grows at a slower rate than the rest of the body, and the facial or lower-jaw portion becomes relatively larger. Arms and legs become relatively longer in comparison to the rest of the body.

Motor Development

Although some babies walk as early as 9 or 10 months, for most children this important milestone occurs between 12 and 15 months. Maturation plus an opportunity to move around in the environment are crucial factors in this accomplishment. The change in body proportions, advanced neurological and skeletal development, and increased muscle strength are important factors.

Walking does not have to be "taught." When the body is ready, walking will begin, and, once begun, a whole new vista for exploration is opened. This is a difficult period for the adult caretaker because it presents the possibility for more accidents.

The child who has been ill or poorly nourished will be delayed in walking, though there are wide individual differences even in normally developing infants. Although early walking is often a sign of advanced neurological functioning, later walking is not a sign of retarded development unless it falls markedly outside the expected range.

Manipulative Skills

Eye-hand coordination also improves during this period. The baby begins to feed himself with a spoon and can hold his own cup or glass. However, he tires easily and may want help or may decide to use his fingers for eating. Because of poor coordination, he still has many meal time accidents.

The average child can throw a ball at 13 months, and he likes to put things in and out of a container. He can stack two to four blocks in a tower. He waves bye-bye and plays peek-a-boo. He also can help take off his own clothing. He likes to scribble with a crayon or pencil. All these should be provided for.

Psychosocial Development

If the infant has developed a sense of trust during the first year, he advances to another critical stage in psychosocial development, one Erik

Erikson labeled a "sense of autonomy." During this period the child becomes aware of himself as separate from his mother. He begins to realize he has some control over what he can and will do, compared to what adults want and expect him to do. Although this may be a difficult time for all concerned, it represents real personality growth for the child. It takes real courage and self-awareness for him to stand up to the adults in his life. This period is frequently referred to as one of "negativism" for the child, and one popular film on this age calls it the *Terrible Twos*.

The child's growing capabilities in locomotion and manipulation often lead to direct conflict with his environment. It is no wonder "no" becomes an over-worked word in many households at this time. It is a word the child frequently hears, and as frequently uses, if he is restricted unduly or pushed beyond his level of capability or tolerance.

During this period it is advisable to "child-proof" the environment as much as possible and to keep prohibitions at a reasonable level. That is, breakable objects should be put out of reach, and all household cleaners and other potentially dangerous items must be stored out of reach of young children. Medicines should be kept in locked cabinets. This age child will explore and investigate everything possible in his environment, yet he has no judgement or knowledge concerning potential dangers. Electrical wires and outlets have special attraction and must be covered.

For most children it is best to delay toilet training until well after the child is two since this can often become a source of conflict between mother and child. This is one battle the child may be able to win during this period when he is attempting to establish his sense of autonomy and needing to feel he does have control over some areas of his life. In addition, in most children, neurological development has not progressed to the level in which the child has control over the muscles of elimination before 2 1/2 or 3 years. Any "training" accomplished before that time is more likely to be that of the mother, who is trained to take the child to the toilet at regular intervals. On the other hand, when the child is maturationally ready, he will virtually train himself unless this has been the focus for a battle of wills.

A warm, accepting, and reasonably permissive atmosphere is most conducive to helping a child through this period of growth. Too many frustrations and limitations produce tantrums and rebellious behavior. The adult, being more powerful, can win the battle, but the price may be costly. The child can become submissive and conforming, thus denying some of his own authenticity, or he can become rebellious and aggressive, venting his anger at people and objects. As he develops language skills and better control, he more easily can accept reasonable limits. The point to remember is that the child does not become progressively worse but, with maturation, becomes capable of higher levels of functioning.

Anger in the child is best handled when parents maintain a calm, good-natured atmosphere. Children this age are great copy-cats and are likely to adapt the emotional methods of control used by parents. It is important to keep to a regular routine with rules kept to a minimum, thus helping the child know what to expect. Advance planning and explanations help the child accept changes that may be necessary. If a tantrum does occur, it should not "pay off" for the child. That is, he should not be allowed to get his way by this method.

As he gains new skills and abilities, the child becomes much more sociable. He enjoys interaction with familiar adults, but he still prefers mother. Attachment is strong, and long separations from the mother during this period may result in emotional damage. If possible, no major moves, hospitalization, or unsettling events should be planned.

The child likes to play near other children, but he is no way ready to play cooperatively or to share. He is in a stage of social development frequently labeled "parallel play." That is, he likes to play *beside* other children, but he cannot be said to really play *with* them. During this time it is important to have duplicate toys and not to expect sharing. A child has to learn what is "mine" before he can learn something is "thine."

Intellectual Development - Language

One of the outstanding developments during the second year is the progress in language development. The child understands many more words than he can express, but his use of language increases remarkably also. At one year, the child's average vocabulary is three words. By two years, it is nearly 300 words. The child can point to common body parts and familiar objects. The acquisition of vocabulary can be stimulated by talking to him and by reading aloud to him.

Cognitive Development

The child still learns mainly through his senses, but his increased motor and manipulative skills, his increased understanding and use of language, plus his increased brain development make it possible for him to learn many things. He is absorbed in testing his new abilities and is in constant interaction with the environment. This provides challenges for exploration but also presents dangers from which he must be protected. However, if he is to develop a base for further intellectual development, his activities must not be curtailed unduly, and he should be provided with a variety of toys or objects which involve his senses.

AGES TWO TO SIX

Physical Development

During this period the child is growing at a relatively slower rate than during infancy. Body proportions continue to change, through a lengthening out process and a loss of baby fat. Much of this changed appearance also is due to the high level of activity and natural exercise engaged in during this period. The child is active during most of his waking hours--running, climbing, digging, swinging.

Motor Development

Motor development depends, as indicated earlier, largely on maturation--the impulse for growth which is inherent

and controlled by neurological functioning. The manner in which a young child uses his energy and motor impulses depends largely on the equipment provided. Muscles which are undergoing rapid increases in size and strength demand use. If there is no equipment available to climb on, jump from, or swing on, the child will use furniture or other objects. Thus, it is important to provide suitable equipment to meet his need.

The emphasis is on large-muscle equipment, but the child also needs activities to help his eye coordination: puzzles, blocks, painting, and similar materials. These should be viewed as developing control and emotional release as much as mental stimulation.

Nutrition

Nutritional needs require special consideration during this time. Although the activity level is increased, appetite and interest in food often decrease. The growing sense of autonomy may provide the child with the ammunition he needs to start a battle over food. His appetite should serve as a guide to the *amount* of food he needs; the *quality* of the diet is the responsibility of the caretaker.

Emotional Development

This period represents a time of complex emotional learning. The child's widening environment brings him in contact with a variety of people, objects, and events; and his maturing neurological equipment allows him to experience a new range of emotional responses. The emotional response of a two-year-old is relatively sudden, intense, and brief. As he grows, the child's emotions become more specific and more differentiated. Thus, the two-year-old can be distracted easily from fear or danger-provoking situations, but the older child tends to remember longer.

For the younger child, situations which lead to anger usually involve such routine activities as toileting, eating, sleeping, dressing, or bathing. The older child is angered by persons or situations involving his self-image. Actions which make him feel powerless, less competent, or "bad" arouse his anger. Any act of injustice or lack of fairness makes him angry.

The nature and source of fear also change with age. Fear of strange persons, objects, and situations, which may be present at age one or two, may give way to fear of the dark or of animals. Fears often are due to the strange or unfamiliar. With increasing maturity and experience in the company of trusted adults, most children's fears are overcome. Patience and understanding plus a healthy attitude and lack of fear on the part of adults help children deal with most fears.

Jealousy, especially among siblings, is a frequent emotion of childhood. In fact, it is almost inevitable when there is more than one child in a family. Threat of the loss of affection from a significant person is the basis for jealousy. A child can be jealous of a mother or father, too. It is difficult to understand that love shared does not diminish.

The child's expression of love and affection also increases with age. As he receives love, he is able to give it. At first, his "love" is an egocentric

demand for attention, giving only to receive. With increasing maturity and mental development, the child becomes more capable of seeing the viewpoint of another, of feeling with and for him. This is the beginning of sympathy.

Social Development

Although mother is still important to the run-about preschool child, if his relationship has been satisfactory and if the child has been allowed to develop his own selfhood or sense of autonomy, he is ready to move out into the world of people. At this time playmates of like age and abilities become very important. They provide the testing ground for him to try out his newly developing skills and abilities. They give a more realistic setting for this than adults or older children who may either "baby" him or have unrealistic expectations for him.

Out of the strong desire to play with others, the ability to share and take turns also develops. Each child is required to give up some of his own selfish desires if he is to succeed with his playmates. Although true "cooperative play" does not emerge until near the end of this period, a more loosely-organized type of play--often labeled "associative play"--is prevalent. Rules are loose, and children come and go in the group. Children still do not function well in a large group.

Intellectual Development

This period is marked by dramatic advances in the acquisition of speech. By the age of four, most children have clear, understandable speech and a vocabulary of two to three thousand words. Speech becomes the tool for much of the learning that now takes place. Children who have speech delays or impediments have difficulties in social relationships as well as in cognitive areas. Delays in speech development may be due to mental retardation, hearing loss, or other impairment or due to illness, lack of stimulation, or lack of an adequate speech model. Overall language development is considered one of the most important indicators of good mental development.

Cognition

The preschool child's way of knowing depends essentially on concrete experiences. If he has the resources for sound intellectual development--a sound central nervous system with adequate sensory and motor structures--he has the basic equipment necessary for mental development. Whether he attains this depends to a large extent on the environment. It is important to provide the child materials to manipulate and explore, especially those that foster dramatic play and creative imagination. There should be exposure to the world of music and books. The child needs adults who will answer his questions and help him find logical reasons for natural and physical occurrences, who will help foster his sense of wonder.

THE ELEMENTARY SCHOOL CHILD

Physical Development

At about six years of age, the rate of growth slows down. The average child of this age in the United States is about 46 inches tall and weighs about 48 pounds. By the time he reaches the age of 12, his height has increased to about 60 inches, and he weighs about 85 pounds. His proportions are now similar to those of an adult.

Boys are slightly taller and heavier than girls, on the average, until age 10 or 11. Then girls begin their "growth spurt" and are often taller and larger until about age 15.

Bones become harder and muscles grow stronger. At about age five or six, the average child begins to lose his first teeth. By age 12 most of the permanent teeth have erupted.

During this period the development of physical skills becomes very important. Time is spent learning to ride bicycles, skate, and perfect team games. Rules become important, and cooperative play, with only limited arguments, becomes possible.

Conscience Development

While the basis for conscience development and moral behavior is laid during the preschool years, the elementary school years represent the time when conscience develops at a rapid rate. The preschool child's behavior is largely controlled by outside authority rather than by internalized standards. As the child becomes part of larger peer groups, rules based on cooperation and respect for others become more apparent.

The movement from less mature to more mature moral conduct is part of the child's developing intellectual ability. The preschool child is able to think only in concrete, simple terms and is less able to make generalizations. Thus, for him rules are specific and unchanging and should apply equally to everyone. The school-age child has increased ability and willingness to take into account the circumstances or intentionality of each misdeed. Swiss psychologist Piaget calls these two points of view "moral realism" and "moral relativism." The realist holds to the letter of the law, and the relativist, thought to represent a more mature view, is concerned with the spirit of the law.

Exposure to peers with a variety of standards from the larger society may bring the home's standards into question. However, if the home standards are soundly based and built on a good relationship with the adults, they usually will survive the test.

A conscience can be too weak to provide adequate control, but it is also possible for the conscience to be too strong, with resulting feelings of guilt. Many of the most severe problems in therapy are produced by too much guilt.

It has been determined that children who have close, warm relationships with significant adults who themselves adhere to high moral standards develop a strong conscience. The child's identification with the adult and his desire to be like him cause him to incorporate that person's attitudes and values as well.

Social Development

With the advent of school, the child begins to break away from close ties with his parents. He moves out of the home into the school environment for most of his day. Teachers and other adults assume a position of importance, especially in the early grades, but the peer group plays an increasingly significant role. Other children become extremely important, and the child wants to spend most of his waking hours with them. He wants to dress like them and do everything they do.

How the child is accepted by the peer group influences his self-concept. If the values of the peer group are in opposition to those of the home or school, the child will experience conflict. If acceptance by peers is more important to him than parental standards, he may adopt peer standards and behaviors.

The peer group often provides a therapeutic function by helping children deal with problems they do not feel comfortable in sharing with adults. There is frequently an *esprit de corps* in which children solidify feelings about the adult world. Life tends to be somewhat secret from the adults, and children are frequently uncommunicative with adults about what goes on in this physically separate world.

Peer groups during this period develop along same-sex lines. Boys tend to be somewhat more involved in gangs though girls frequently participate in secret clubs. Folklores, ritual, and traditional games are passed from one generation to the next by the peer group.

Peer groups fulfill the needs of society as well as those of the child. They help the child learn the gradual assumption of society's assigned roles--specifically, the sex-appropriate role of male or female. At present, obvious confusion exists since definitions of sex-role behaviors have changed markedly. The peer group may be able to interpret these changes more accurately than the older generation in society. A dilemma exists in American society because events have made it impossible for the older generation to chart the way for the next. This has resulted, in part, in a loss of confidence in the elders of the group.

Sex education, and much miseducation, may be given out by the peer group. Thus, it is important for the adults to keep lines of communication open and to give children accurate, honest answers as questions arise. The child whose questions are answered at home, from the time he first asks at the preschool level, is more apt to ask the adult. If he does not ask, it is safe to assume he is getting his information from the gang.

Intellectual Development

According to most authorities of child development, the child becomes capable of higher levels of mental functioning at about six or seven years of age. He enters what Piaget calls the stage of "concrete operations." His memory capacity appears to improve markedly, and he demonstrates a greater ability to recall large amounts of information. His attention span also increases, and his motor development usually allows him to sit still for longer periods. It is believed that significant changes in the nervous system take place at this time, allowing for higher-order thought processes to evolve. The child is, however, still incapable of abstract thought and higher

levels of reasoning.

One of the tasks expected of the elementary school child is that of learning to read. It is believed by some authorities that this is expected at too early an age in our culture. A relatively high level of coordination and neurological development is necessary. Motivation is also important. If the child views reading as an important activity of the significant adults in his environment, he is more apt to want to master the task for himself. As with many other tasks, maturation plus the opportunity for experience appear to be the crucial elements. Because of a slower maturational rate, many more boys than girls seem to lack "reading-readiness" at the culturally-expected norm held by many school authorities. However, Frances Ilg and Louise Ames of the Gesell Institute contend that nearly half of the school population in the area they studied were overplaced in school for their developmental level, thus setting the stage for frequent school "failures."

Children who are anxious or insecure or who have difficulties in social relationships cannot concentrate on mental activities. A child needs to be physically strong and well-nourished if he is to be ready for the demands of the school program. The child who has a positive self-image, generally, is more apt to succeed in the learning situation.

If the child has met only failure in the tasks he has attempted, he must be given an opportunity to succeed at whatever level he can in order to gain confidence. Small successes foster confidence and encourage the child to attempt new tasks. Setting goals beyond his capability will lead only to discouragement. The knowledge that significant adults have belief in him also increases his motivation.

The School Setting

The child who comes from a home in which there are good personal relationships and an understanding of the developmental needs of children has the foundation for a good transition to school. The school is often a testing ground for the kind of job the home has done. However, the school situation also may present problems. Not all teachers are well-adjusted or understanding of children and their needs. The teacher also may be under pressures from the administration or from parents.

The climate of the school and the teacher's goals influence the classroom atmosphere. If the class is too large and pressures for achievement are great, the school work may suffer. If teachers understand child growth and development and can relate well to children, they usually can create a favorable climate for learning. Children's needs and motivations and the current developmental task of each child must be understood.

It has been found that there are at least six areas in the school program which help to foster the child's healthy development: an appropriate curriculum, suitable teacher guidance in both formal and informal learning situations, attention to social development, fostering an evaluative attitude in the pupil, help with personal problems, and indirect aid through helping parents understand children and their needs.

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A Summary
of
Age Characteristics

Although the following characteristics are generalizations, they may provide guidelines for understanding some of the age-level expectancies. Not all children will show all the characteristics, especially not at the exact chronological age. However, knowing some of the sequences children go through can help adults provide a more "accepting" environment. Children in a foster home often can be expected to be on a slower timetable, especially in social and emotional growth.

Birth to Six Months

PHYSICAL	IMPLICATIONS
Develops own rhythm in feeding, eliminating, sleeping	Adapt schedule to baby's rhythm as much as possible.
Grows rapidly	Supply adequate food. Change baby's position frequently. Exercise baby's arms and legs as you bathe and change him.
Gains early control of eye movements	Supply visual stimili, such as mobiles.
Develops motor control in orderly sequence: balances head, rolls over, pulls self to sitting position, sits alone momentarily	
Begins to grasp objects	Let baby grasp your fingers as you pull him up.
MENTAL	
Learns through his senses	Provide objects to see, hear, grasp.
Discriminates mother from others; is more responsive to her	
Coos and vocalizes spontaneously	Talk to him a great deal.
Babbles in two-word syllables	

SOCIAL

Imitates movements	Play pat-a-cake and peek-a-boo.
Gazes at faces	
Smiles to be friendly	
Likes to be played with, tickled, and jostled	Bounce him on you knees.
Smiles at self in mirror	Provide a mirror.
Plays with hands and toes	Allow freedom for his hands and legs.

EMOTIONS

Shows excitement through waving arms, kicking, wriggling	Show facial expressions of smiling or frowning.
Shows pleasure as he anticipates bottle or being picked up	
Cries in different ways when he is cold, wet, hungry	Learn to "read" his cries.

Six Months to One Year

PHYSICAL	IMPLICATIONS
Large muscle:	
8 months on--crawls	Be sure dangerous objects are out of reach.
9 months on--may begin to walk	Provide experiences that involve arm and leg exercise.
Small muscle:	
learns to let go with hands	Child will play "dropping things" game--this helps him understand his world.
puts everything in his mouth	Provide him with some foods he can eat with his hands and some other activities involving exercise of fingers.
begins to have teeth come in	Child may be cranky. He'll need special patience and things to chew on.
cannot control bowels	Do not try to potty train.
MENTAL	
Learns through his senses--especially his mouth	Provide toys and games that involve hearing, seeing, smelling, tasting, and touching.
Likes to put things in and take things out	Be sure there are no toys with small or loose parts.
Likes to do things over and over	Repeat words and activities.
Language:	
begins to understand such familiar words as "eat," "mama," "bye-bye," "doggie"	Say the names of objects as the child sees or uses them.
may not speak until age one or later	Begin to look at very simple picture books with the child.
likes to hear you name objects	
SOCIAL	
With adults:	
finds mother or mother substitute extremely important	One person should be in charge of most of the child's care.
will "talk" to you using babbling sounds	Talk to the baby.

will start to imitate	Do the things you want the child to do.
has eating as a major source of social interaction	
With peers:	
will not play with other infants--will poke, pull, push, etc. instead	Don't expect him to play with others.

EMOTIONAL

Needs:	
to be held and cuddled with warmth and love	A special person should provide physical comfort.
to feel sure that someone will take care of him	His needs of hunger, cleanliness, warmth, holding, sensory stimulation, and interaction with an adult should always be met.
	Don't be afraid of spoiling him.
Personality traits:	
becomes unhappy when mother leaves him	If mother must leave, a special person should provide care.
draws away from strangers	Proceed slowly in introducing the child to new people.

One to Two Years

PHYSICAL	IMPLICATIONS
Large muscle:	
begins to walk, creep up and down stairs, climb on furniture, etc.	Provide large, safe space for exercising arms and legs.
enjoys pushing and pulling toys	Push or pull toys help him balance in walking.
Small muscle:	
begins to feed himself with a spoon and can hold a cup	He'll be messy, but allow the child to feed himself sometimes. Fix food he can eat easily.
can stack two to three blocks	Provide toys or games he can take apart, stack,
likes to take things apart	squeeze, pull, etc.
likes to put in and take out things	
takes off pull-on clothing	Let the child try to dress himself.
Cannot control bowels	Do not try to potty train.
MENTAL	
Learns through his senses	Have toys or play games which make sounds, have different "feels," involve color and shape, etc.
Is curious--likes to explore--pokes fingers in holes	Be sure area is safe--allow child to explore.
Language:	
can say the name of some common objects	Talk to the child often. Say the names of objects he sees or uses.
uses one word sentences--"no," "go," "down," "bye-bye"	
can point to common body parts and familiar objects	
can understand simple directions such as "Get your coat"	Give the child a chance to follow simple directions.
SOCIAL	
With adults:	
finds mother still very important	A special person should provide most of the care.
enjoys interaction with familiar adults	
imitates--will copy your behavior	Be sure you do the things you want the child to do.

waves bye-bye	
With peers:	
plays by himself but does not play well with others his age	Although he likes to observe other children, he may want an adult close by.

EMOTIONAL

Needs:	
the love, warmth, and attention of a special adult	A special, caring adult should look after the child.
to develop trust--the feeling that someone will take good care of him	
Personality traits:	
often reaches a peak of thumbsucking at 18 months	Ignore thumbsucking. Calling attention to it will only make it worse.
may throw temper tantrums	Do *not* give in to his demands, but do not punish the child--he is expressing himself the only way he knows how.
	Be sure you are not demanding too much of the child.

Two to Three Years

PHYSICAL	IMPLICATIONS
Large muscle: runs, kicks, climbs, throws a ball, jumps, pulls, pushes, etc.	Provide lots of room and many experiences in which the child can use his arms and legs.
enjoys rough-and-tumble play	
Small muscle: can turn some doorknobs	Provide activities that use fingers--clay, finger paint, pick-up objects, stacking objects, large crayons for scribbling.
scribbles	
eats easily with a spoon	
helps dress and undress himself	Let him help you dress him.
can build a tower of six to seven blocks	
Can begin to control bowels--bladder control comes slightly later	Gradually start toilet training--consult authority if unsure of methods.
MENTAL	
Continues to learn through his senses	Provide sensory experiences.
Still is very curious	Allow the child to explore--have as few "no-no's" as possible.
Has a short attention span	Don't make him do one thing for more than a few minutes.
Language: uses three to four word sentences	Talk often with the child. Explain things simply.
begins to enjoy simple songs and rhymes	Songs need to have repetition, be low in key, and have short range.
SOCIAL	
With adults: considers mother still very important	
does not like strangers	
imitates	
dawdles	Allow him time to do things for himself and to explore.

With peers:	
enjoys playing by himself	Provide the child chances for uninterrupted play.
enjoys having other children near but does not play with them much	Don't force children to play together.
pinches, kicks, bites, and pushes when angry	Do not allow children to hurt each other--supervise play.
EMOTIONAL	
Needs:	
begins to develop a sense of self	Provide simple experiences in which the child can successfully do things for himself. Praise him often.
needs to do some things for himself	
enjoys praise	
Personality traits:	
tests his powers--says, "no!" often	
shows lots of emotion--laughs, squeals, throws temper tantrums, cries violently, etc.	Be firm in following through with your instructions, but do not punish the child for expressing his feelings and independence.
	Give choices whenever possible, but *not* if you cannot *accept* his choice.
Fears:	
loud noises, moving quickly or to high places, large animals, mother's departure	Avoid sudden situations involving these fears--do not force the child or ridicule him.

THREE TO FOUR YEARS

PHYSICAL	IMPLICATIONS
Large muscle:	
runs easily, jumps	Carefully supervise opportunities for large muscle activity.
begins to climb ladders can start to ride tricycles	Set limits for distances. Child tends to wander too far.
tries anything is very active	
Small muscle:	
dresses himself fairly well--cannot tie shoes	Provide many opportunities for child to practice small muscle skills.
can feed himself with a spoon or fork	
scribbles in circles	
likes to play with mud, sand, finger paints, etc.	These activities strengthen and coordinate small muscles.
can begin to put together simple puzzles and construction toys	
Takes care of toilet needs more independently--can stay dry all day but may not stay dry all night	
Sex:	
becomes very interested in his body and how it works	All body parts should be labeled without judgement, and questions about body functions, answered simply and honestly.
MENTAL	
Continues to learn through his senses	Provide many sensory experiences.
Uses his imagination a lot--starts dramatic play and role playing	Provide props for dramatic play.
Begins to see cause and effect relationships	Point out and explain common cause and effect relationships--how rain helps flowers grow, how dropping makes glass break, how hitting makes a person hurt.

Language:
- likes to learn simple songs and rhymes
- likes to play around with sounds
- knows more than he can say in words

Explain things to the child, answer his questions honestly, and help him put his feelings and ideas into words.

SOCIAL

With adults:
- can leave mother for short periods of time though she is still very important
- begins to notice differences in the way men and women act

At the start of sex-role development, he will act in ways he sees you act--so do what you want the child to do.

- imitates adults

With peers:
- starts to be more interested in others

Provide enough materials so that several children can use them together.

- begins group play--likes company

Help the child find out socially acceptable ways of dealing with others.

- is not ready for games or competition--has loosely-organized group

EMOTIONAL

Begins to know right from wrong

Provide clear limits--enforce them consistently but not harshly.

Finds others' opinions of him are important

Praise the child whenever you honestly can.

Can leave mother for short periods of time

May be able to let child start nursery school or provide less attention than before.

May fear: unusual people, the dark, animals

Do not force the child to engage in activities with these objects if he is afraid--do not make fun of him for being afraid.

Four to Five Years

PHYSICAL	IMPLICATIONS
Average height--40.5 inches	
Average weight--36 pounds	
Is very active--constantly on the go	Provide plenty of play space both indoors and out. Provide for rest. He will fatigue easily. Child needs ample protein in diet. Nutrition is important.
Has rapid muscle growth Would rather talk or play than eat	
MENTAL	
Has large vocabulary--1,500 to 2,000 words	Provide interesting words, stories.
Has strong interest in language; fascinated by words and silly sounds	Play word games.
Likes to shock adults with bathroom language	Ignore bad language.
Is fond of humor, nonsense rhymes	
Has insatiable curiosity--imagination strong	Take child on trips or excursions.
Asks innumerable questions--incessant talker	
SOCIAL	
Really needs to play with others	Send him to a good nursery school or play group, if possible.
Has relationships that are often stormy	
Has tendency to exclude some from group	
Likes to imitate adult activities	Provide props for dramatic play.

EMOTIONAL

Exhibits a great amount of demanding, threatening, name-calling
Often is bossy, belligerent

Goes to extremes--bossy, then shy
Frequently whines, cries, complains

Keep a sense of humor.

Provide outlets for emotional expression through talking, physical activity, or creative media.

Five to Six Years

PHYSICAL	IMPLICATIONS
Large muscle:	
is confident in large muscles abilities	
Small muscle:	
can dress and undress himself	
has tendency to be farsighted--may cause hand to eye coordination problems	Don't try to teach a child skills that require continued eye coordination such as reading.
prefers use of one hand or other	Do not force child to change hands.
Toileting:	
is able to care for own toilet needs independently	
Sex:	
knows differences in sexes--interest lessening: more modesty, less bathroom play	
interested in babies and where babies come from	Offer simple, accurate explanation.
Eating:	
has bigger appetite	
uses knife for spreading	
may have stomach-aches or vomiting when asked to eat disliked foods	
prefers plain cooking but accepts wider choice of foods	Offer appealing variety in food *without force*--he's more sensitive to spicy foods than adults.
has general good health	
may have headaches, earaches, colds	
may complain when washing face or neck or combing hair	Help child to assume responsibility for own grooming habits.
MENTAL	
Language:	
may stutter if tired or nervous	Do not emphasize--it's only temporary.
tries only what he can accomplish	This is a good age to begin group experiences on a half-day basis.
will follow instructions and accepts supervision	

knows colors, numbers, etc.
can identify penny, nickle, dime
may be able to print a few letters

SOCIAL

With adults:
may fear mother won't return for him--mother the center of his world
Avoid leaving until child is prepared--he needs mother's reassurance of return.

copies adults
likes praise
With peers:
plays with both boys and girls
is calm and friendly
is not too demanding in relations with others
"three is a crowd"--can play with one child or group of children
likes conversation during meals
If doesn't like school, may develop nausea and vomiting
Encourage child to find activities at school he enjoys; offer comfort; provide a secure, non-critical environment.

EMOTIONAL

In general, is reliable, stable, well-adjusted
Though not a fearful age, may show some fear of dark, falling, dogs, or bodily harm
If tired, nervous, or upset, may develop tension outlets of nail biting, eye blinking, throat clearing, sniffling, or nose twitching
Increases in temporary nervous habits are normal. Try not to appear overly concerned. Deal with cause of tension rather than the habit it creates. Offer distractions.

May still suck thumb
Child still may need rest or quiet times.

Six to Seven Years

PHYSICAL	IMPLICATIONS
Is vigorous, full of energy; has general restlessness	
Is clumsy; poor coordination	
Is in an ugly duckling stage	
Toileting:	
rarely has accidents--may occur when emotionally upset or over-excited	Accept accidents calmly--child is apt to be embarrassed.
may need reminders	
Sex:	
has marked awareness of sexual differences	The child will accept idea baby grows in area under mother's stomach.
investigate each other	These are attempts to gather information.
engages in sex play and show	This is usually just curiosity.
may play doctor and hospital	Child needs honest, simple answers, given in a calm manner.
begins to suppress masturbation	
Eating:	
has unpredictable preferences and strong refusals	
often develops a passion for peanut butter	
uses fingers and talks with mouth full	You are a model for good habits.
Has more colds, sore throats, and other diseases	Be aware of disease symptoms. Ill health may result in crankiness. Child needs plenty of rest and balanced meals.
Should have been innoculated for chicken pox, measles, whooping cough, diptheria, German measles, mumps	
May gasp when excited, breathe heavily when nervous	

MENTAL	
Language:	
may develop stuttering when under stress	Remember, symptom temporary--may disappear of own accord.
wants all of everything--finds it difficult to make choices	Do not offer excessive choices.
begins to have organized, continuous memories	

SOCIAL	
With adults:	
blames mother for anything that goes wrong	Help the child to see adults care about him, but do not attempt to replace parents.
identifies more strongly with father	
doesn't like being kissed in public	
expands outside the family	
considers teacher important	
With peers:	
has difficult time with self as well as others	
gives negative response often	
is a tattletale	
must be a winner	
has no group loyalty	
in school, may develop problems if over-placed; can't keep mind on work: fools around, whispers, bothers other children	Allow children time for peer interaction.
when eating, makes meals difficult because of perpetual activity	
feels pressure so breakfast most difficult meal	Allow extra time for morning meals.
is not a good meal finisher	
EMOTIONAL	
Feels insecure as result of drive toward independence	He may need time, leeway, more chances.
Finds it difficult to accept criticism, blame, or punishment	The child will require patience and understanding.
Is the center of his own world and his main concern	While he's attempting self-identity, support drive for independence by providing opportunities to do things for himself.
Generally is rigid, negative, demanding, unadaptable, slow to respond; exhibits violent emotional extremes; tantrums reappear.	Set reasonable limits, offer explanation of limits, and help the child keep within the limits.
If not winner, often makes accusations of cheating	Be consistent. Avoid games that designate a winner.

Seven to Eight Years

PHYSICAL	IMPLICATIONS
Large muscle: drives himself until exhausted	Distract child before he gets to the point of complete exhaustion.
Small muscle: may have permanent pout on face has minor accidents loves pencils instead of crayons	He now has well-established hand-eye coordination.
Sex: is less interested in sex--drop in sex play and experimentation can be very excited about new babies in family	
Eating: has less appetite	
In general: has fewer illnesses but may have colds of a long duration	
MENTAL	
Likes to watch, listen Considers radio, television, and reading important May develop passion for comic books that will continue to grow Has high learning days and forgetting-everything days Enjoys riddles and simple jokes	Encourage variety of experiences involving interaction.
SOCIAL	
With adults: will avoid and withdraw has strong emotional responses to teacher--may complain teacher unfair or mean	Show understanding and concern.

With peers:	
participates in loosely-organized group play; concerned with himself and how other people treat him	Provide peace and quiet.
may fight or battle out problems	Attempt to prevent conflicts before they get to fighting stage.
starts division of the sexes (girls play with girls/boys with boys)	
School:	
may fear being late; has trouble on the playground; "kids are cheating" or "teacher picks on me" often said	Help child see his interactions realistically.
Eating:	
shows some interest in family conversation	

EMOTIONAL

Can be brash, aggressive, morose, mopey, moody, sulky, withdrawn	The child needs help defining stopping points.
Complains a lot: "nobody likes me" or "I'm going to run away"	He needs reasonable sympathy.
May decide he is adopted	He may need reminding and checking.
May not respond promptly or hear directions --may forget	
Is easily distracted	He needs personal support and reassurance.
May stay on the edge of the scene in an attempt to build a sense of self through observation	
Is attempting to control nervous habits, but blinking, scowling, headaches, and dizziness appear	
Has visual fears--night, scary places, people	

EIGHT TO NINE YEARS

PHYSICAL

Is busy, active, speedy; has frequent accidents
Makes faces
Toileting:
  may need to urinate in connection with
    disagreeable tasks
Sex:
  may handle genitals if worried
  tells dirty jokes--laughs, giggles
  may peep at each other and parents
  wants more exact information about
    pregnancy and birth
  may question father's part
Eating:
  has good appetite; wolfs down food
  belches spontaneously
  may accept new foods
In general:
  has improved health with a few short illnesses

MENTAL

Often overestimates his own ability

Often cries if fails--"I never get anything
  right"

SOCIAL

With adults:
  demands close understanding with mother
With peers:
  makes new friends easily; works at
    establishing good two-way relationships
Enjoys school, doesn't like to miss school, and
  tends to talk more about school

IMPLICATIONS

Direct child toward attempting what he can accomplish, but still provide a challenge.
Stress what child has learned, not his end product.

Develops close friend of own sex--separation of the sexes	Provide the opportunity for peer interaction not only on a personal level but also on a group and club basis.
Considers clubs and groups important	
Eating:	
is not as interested in family table conversation; will want to finish meal so he can go about his own business	
may become sensitive to killing of animals for food	Offer simple explanation for the killing of animals for food--remain understanding of his feelings.
EMOTIONAL	
May be excessive in self criticism--tends to dramatize everything; is very sensitive	Provide protection from trying too much.
Has fewer and more reasonable fears; may have some earlier tension patterns but will be less persistent	
May argue and resist requests and instructions but will obey eventually	Keep directions simple, and avoid unnecessary urging in order to avoid the "I already know" responses.
Could want immediate (cash) reward	

Nine to Ten Years

PHYSICAL	IMPLICATIONS
Shows slow and even growth	
Is perfecting motor skills	Provide equipment and tools.
Uses tools increasingly well	
MENTAL	
Has increasing skill in school subjects	
Likes to collect things	Help with hobbies.
Can relate events well	Provide a "listening ear."
SOCIAL	
Begins to pull away from parents more	
Is more interested in friends than family excursions	Do not insist on his joining family for all outings.
Expresses contempt for opposite sex	
May have friends outside immediate neighborhood	Give more freedom but still keep rules.
EMOTIONAL	
Is clearly acquiring a conscience	
Resents interruptions	Give warning about expectations.
Shows variability in mood: timid-bold, cheerful-grumpy	Keep a sense of humor!

Ten to Eleven Years

PHYSICAL	IMPLICATIONS
Girls--may begin rapid increase in weight	Help with nutrition.
Boys--are more active and rough	
Has motor skills well in hand	
Has 14-16 permanent teeth	
MENTAL	
Is alert, poised	
Argues logically	Use reasoning.
Begins to use fractions	
Likes to read	Provide books geared to interests.
Has rather short interest span	
Begins to show talents	Provide lessons for music, art, or other interests.
SOCIAL	
May develop hero worship	
Is affectionate with parents	
Finds mother all-important	Spend time with child.
Is highly selective in friendship--may have one best friend	
Has great pride in father	
EMOTIONAL	
Is casual and relaxed	
Likes privacy	Provide locked cupboard or box for "treasures" and a "Keep Out" sign for door.

Eleven to Twelve Years

PHYSICAL	IMPLICATIONS
Girls--begin to show secondary sex characteristics	Let child take initiative. Rapid growth may mean large appetite but less energy.
Boys--are ahead of girls in endurance	
Is increasingly aware of body	
Has increase in muscle growth	
May show self-consciousness about learning new skills	
MENTAL	
Challenges adult knowledge	
Has increased ability to use logic	
May have interest in earning money	This may be good time for a paper route or other job.
Is critical of own artistic products	
Is interested in world and community	The child may like to participate in community drives.
SOCIAL	
Is critical of adults	
May be quiet around strange adults	
Has strong urge to conform to group morals	
Strives for unreasonable independence	
Has intense interest in teams and organized, competitive games	Provide for organized activities in sports or clubs.
Considers membership in clubs important	
EMOTIONAL	
Resents being told what to do	Let child help set the rules and help decide on own responsibilities.
Rebels at routines	
Often is moody	

Foster Parenting Is Understanding Adolescence

by

Anthony P. Jurich, Ph.D.
Assistant Professor, Family and Child Development

An adolescent doesn't just happen. He is the product of his interactions with his society, himself, and the significant people in his life. Even if these interactions are healthy and leave the adolescent with a positive self-image, there is no guarantee that his adolescence will be an easy one. Adolescence, even under the best conditions, is still a difficult period of life. When an adolescent's interactions with the significant people in his life are poor or incomplete, adolescence can be excruciatingly painful. This is often the case with many foster adolescents.

In order to help the adolescent cope with this crucial period of life, the foster parent must try to understand the forces which have influenced the child before he reached adolescence. These are covered in the preceding chapters. This chapter will review the stages of psychosocial development and their corresponding tasks during the adolescent years.

Psychosocial Development Stages during Adolescence

Most of us know what the word "adolescence" means. At least we think we do! A typical definition of "adolescence" is "the period of time between childhood and adulthood." Although this is a rough definition upon which we can all agree, it doesn't tell us much about the nature of adolescence. Most of the things we can say about adolescence create a "definition by default." We can define the boundaries of adolescence. We just don't know how to describe what lies within those boundaries.

Although scientists help clear up this picture of adolescence, the picture is still rather fuzzy.

Scientists often treat adolescence as if it were one single stage of development. This is not an accurate picture of reality. A 13-year-old and an 18-year-old are *technically* both adolescents. However, there is a world of difference between them. They have different needs, different tasks to perform, and different problems. They are at different stages of development!

Adolescence poses another problem which complicates this picture. It would be ideal if we could lay out the needs, developmental tasks, and problems of an adolescent at each specific age. Unfortunately, the very nature of adolescence stops us from doing that. If there is one predictable thing about adolescence, it is the fact that adolescents are unpredictable. Some develop early and some are "late bloomers." Others have the bodies of adults but the social competence of a child playing hide-and-seek. Somewhere during the adolescent years a child becomes an adult. Specifically when this occurs is highly dependent upon the adolescent's culture, society, peers, family, and his own individual development. This is the primary reason why scientists prefer to

refer to "adolescence" as simply one long developmental stage.

There are, however, several substages of adolescence through which the adolescent must pass. Although each adolescent will react as an individual and may pass through each stage at a different specific age than his cohorts, there is some degree of similarity among adolescents at each stage of development. The Preadolescent Stage begins when the child leaves Middle Childhood and begins to look forward to his teen years. This typically occurs between the ages of 10 and 13. Early Adolescence usually encompasses the junior high school to early high school years (ages 13 to 15). Middle Adolescence generally covers the late high school years. The Late Adolescence Stage is the period of time after high school but before the adolescent is afforded adult status. This would include those youths who are in college and may include some students in graduate school. The age range of this stage is typically between 17 and 22. These stages have some similarities, but each has its own individual characteristics.

The remainder of this chapter will be divided into these four stages. We will discuss the crucial developmental tasks of each stage. The reader must be cautioned, however, that the age ranges of each stage are *approximations*. They represent the typical developmental ages for the middle-class American culture. They are not to be taken as *normal*. Neither should the adolescent who doesn't adhere exactly to the stage his age would suggest he is in be considered deviant. His chronological age is simply different from his developmental age. There is nothing wrong with that. As was emphasized above, the one predictable thing about adolescence is the fact that adolescents are unpredictable.

PREADOLESCENCE

Preadolescence - 'A Stretch of No-Man's Land'

Less is known about preadolescence than any other stage of adolescence. Fritz Redl has labeled it as "A stretch of no-man's land in child study work" (*Preadolescents - What Makes Them Tick?*)

Preadolescence is a stage that is filled with disappointment and unanswered questions. Although the preadolescent undergoes several pronounced changes, many of these are hard to explain and are often very frustrating to the adults who must cope with these changes. The preadolescent no longer can be treated as a child, but he doesn't have the maturity to be treated as an adolescent. Of all the changes he experiences, the rapid physical growth is the most noticeable and, perhaps, the most crucial.

Physical Development

The early preadolescent may appear to be no different from the child he once was. He is similar in height and weight to a child in the Middle Childhood stage of development. However, inside his body, changes are beginning to take place. His pituitary gland, which is in his brain, is beginning to send messages to his body to increase the production of hormones in his system. The hormones are chemical messengers which are released into the blood stream to stimulate certain types of physical growth.

In early preadolescence the child's body is breaking down its old patterns

to make way for the changes which are to come during preadolescence and early adolescence. This poses a developmental task for the preadolescent. He must adjust to the changes which are beginning to rumble within his body. This is scary to preadolescents. It is a hard struggle to cope with something they don't understand. Many preadolescents will seek the security they knew when they were children and will return to infantile habits they had abandoned years ago. They may wet the bed, bite their nails, or act as if they were five to seven years younger than they actually are. A large dose of letting the preadolescent know you still love him is the best medicine a parent can give.

The other major physical characteristic of early preadolescence is *extreme physical restlessness*. The preadolescent becomes a whirling bundle of energy. He finds it hard to sit still, and he constantly figits. His hands are in perpetual motion: manipulating objects (i.e., pencils, etc.), scratching, finger drumming. He may exhibit facial tics or jerky body motions. His body is filled with energy, and these are the ways he releases it. Needless to say, any one of these outlets of energy can be enough to drive a parent crazy! However, it is important to remember that they are normal and the parent can do little to change the physical activity within the preadolescent's body. When the parent reaches the boiling point over his preadolescent's excess energy, it is time for the parent and preadolescent to take a brief vacation from one another.

The Onset of Puberty

The single, most crucial change which the preadolescent must adjust to is the onset of puberty. Pubescence is the time when the hormones in the preadolescent's body make him, for the first time, capable of reproducing other human beings. Notice that I did *not* say "capable of enjoying sex." Long before the adolescent reaches puberty, he is fully capable of enjoying sex. Most children show curiosity but not an intense level of prolonged interest about sex. It's this prolonged interest which usually begins now.

At the onset of puberty the preadolescent's body undergoes radical change. He sheds his child's body and begins to take on the bodily characteristics of an adult. It is at this period of time that boys and girls begin to develop bodily characteristics which are quite different from one another. Typically, the preadolescent girl is 2 to 2 1/2 years faster in her development than her male counterpart. Therefore, we must consider male and female separately.

Girls

The preadolescent girl's hormones begin to stimulate secretion of the female hormone estrogen in larger amounts. This secretion of estrogen begins to rise and fall in cycles. In this way, the preadolescent girl's body is preparing for menarche--her first menstrual period. The average age for girls to have their first menstrual period is between 12 and 12 1/2 years. Remember that this is an average! Some girls will begin to menstruate at age 10. About 20% of the girls won't menstruate until they reach 14 years old.

The onset of puberty also brings about changes in the girl's secondary sex characteristics. Her uterus begins to grow and her ovaries become active.

Her clitoris enlarges. Pubic hairs begin to appear by age 11. Although these physical changes are important, they are all overshadowed by a very obvious body change--the preadolescent girl's breasts begin to grow. The girl's breasts begin to "bud" at approximatley age 10 1/2 and complete their development in about three years. There are also wide age variations for these changes. Some girls may be "fully developed" in sixth or seventh grade whereas others will not reach "full development" until they graduate from high school. Because her breasts are so obvious to others, a girl's breast development may be a source of pride or embarrassment to her. She may be thought of as more grown-up or mature if her breast development begins early. However, she also may become the object of the other girls' jealousy and may become a social outcast among her peers. The girl whose breasts "bud" late may be treated as a child longer than her peers and, therefore, feel left-out.

Boys

For the preadolescent boy the onset of puberty usually comes in the form of "nocturnal emissions" or "wet dreams." He will ejaculate semen and live sperm while he sleeps. This is quite natural and is nature's way of getting rid of the excess sperm his testes have produced. The average age of puberty for boys is 14 to 14 1/2. Therefore, boys typically go through puberty in early adolescence and not preadolescence. However, some boys may experience puberty during preadolescence. Furthermore, every preadolescent male's body begins to prepare for puberty. At age 12 his testes begin to enlarge and at 12 1/2 his penis begins to grow. Although this will not be completed until he reaches late adolescence, growth of these primary sex organs begins in preadolescence. He also begins to grow pubic and underarm hair.

The Adolescent Growth Spurt

The second major physical change occurs when the preadolescent enters into his "growth spurt." This is a period of accelerated growth when, over a short period of time, the adolescent grows rapidly in height, weight, and body size. His bones become longer and wider. His shoulders and hips broaden and his rib cage expands. His muscles and fatty tissue grow.

Once again, the boys are considerably behind the girls in development, and we must consider them separately.

Girls

In the typical preadolescent girl, the growth spurt begins shortly after the age of 10 and peaks at age 12. However, an individual girl's growth spurt may begin as early as 7 or as late as 11 1/2 years old. A girl can grow from three to six inches in height over a period of months. She will undergo a period of weight gain and may appear plump or chunky for a period of time. This is quite normal even though it may be very psychologically distressing for the girl involved. All the fad diets in the world will not help. It is one of

those horrible periods of time when both the adolescent and her parent must just sit and "wait it out."

Boys

Preadolescent boys are behind their female counterparts in their growth spurts by approximately two years. Although a boy's growth spurt may begin as early as age 10 1/2, it typically doesn't start until age 13. Those boys who do go through their growth spurt during their preadolescence are at a distinct advantage over their peers. They are stronger, faster, and bigger than their peers. During preadolescence, when sports are so important among the male peer group members, this advantage is magnified even more.

For the rest of the boys, whose growth spurts will occur during early adolescence, the remainder of their preadolescence is not easy. They look more like children than adolescents and often are treated as children by adults and older adolescents. The girls in their class not only are more "mature-looking" and physically bigger but also are just as strong as the boys, if not stronger.

Some preadolescent boys adjust by sulking and retreating into a shell. Others overcompensate by being loud and boisterous, often breaking rules, or fighting to "prove their masculinity." Most boys do both and somehow muddle through to early adolescence.

Sex and the Preadolescent

All the biological changes that the preadolescent undergoes bring about a greater awareness of sexuality. The preadolescent is faced with the developmental task of acquiring sexual knowledge. Although preadolescents prefer to associate with peers of the same sex, they are curious about the opposite sex and eager to gain sexual knowledge. Most of this knowledge is transmitted through exchanging stories and sexual jokes with members of the same sex. The dirtier the joke or more grandiose the story, the more status the teller receives from his peers. Sex knowledge becomes a game, and much wrong information is passed on from one "great pretender" to his friend.

On occasion, preadolescent boys and girls may get together and do some mutual sexual exploring. For the most part, this is done out of curiosity. Because of the adult society's restrictions, such preadolescent sexuality also can carry with it a large amount of guilt. There are, however, some subcultures in our society in which sex between preadolescents is allowed and, in some cases, encouraged by the adult society. This is often the case in some lower-class ghetto areas.

Most males and the majority of females will masturbate sometime during their preadolescence. Most scientists consider this normal and would urge parents to accept this activity. However, masturbation is considered sinful by some religious groups. Therefore, each parent must decide for his/her own self. It is this attitude of masturbation's being sinful which often causes preadolescents much guilt. Many preadolescents develop such intense guilt feelings over their sexuality that it later affects their adult, married sex life. The adolescent must deal with

these feelings on a personal and, if his chosen religion so states, a religious level. He has the developmental task of dealing with his own sexuality. The important thing for parents to remember is that no single sexual experience will brand his preadolescent for life! If a preadolescent experiments with a member of the opposite sex, it does *not* mean that he will be a sex fiend! If he sexually explores with a member of the same sex, he will *not* necessarily become a homosexual! If he masturbates, he will *not* become a pervert! The parent must be calm and not blow the problem out of proportion.

Preadolescent Sex Roles

Throughout his childhood the preadolescent has known whether he was a boy or a girl. He recognized differences, both physical and social. However, it is during preadolescence that those differences "jump out" at him and make him extremely aware of his sex role. The onset of puberty forces the preadolescent into a much more rigid sex role definition. Between the ages of 8 and 12, peer groups are divided along sex lines. This distance between the sexes at this age arises chiefly from differences in activities prescribed by the general culture.

The male peer group rewards its members for what the society considers to be masculine activities--sports, fighting, rebelling. The female peer group rewards its members for conforming to the society's definition of female activities--developing social skills, gaining homemaking skills, etc. This aids the preadolescent in in the developmental task of the formulation of his sex role identity.

Intellectual Development

Beginning in late preadolescence, at approximately age 12, the preadolescent undergoes a marked change in his intellectual capacity. It is not that he can think *more* but that he now can think *differently*. It is a qualitative and not a quantitative change. Before this change occurs, the preadolescent can classify and order things which exist in his world or which he reads about. However, he has trouble in dealing with abstract ideas and concepts. Once he begins to experience the preadolescent intellectual growth spurt, he begins to understand the abstract and can begin to think about "what is possible" instead of "what is." He no longer is confined to existing reality and can speculate about the way things "might be" or "should be."

Like a child with a new toy, the adolescent wants to try out his new intellectual skills. This aids in the developmental task of developing his new intellect. He can ask enough questions of the adults around him to drive them crazy. This is his way of trying out his new skills. He often will daydream about glamorous heroes and picture himself as having qualities superior to those of his peers. In this way he can try on new roles and behavior patterns without any risk.

His intellectual development affects his perception of morality. He first defines what is right or wrong by asking himself if a given act would be done by a "good boy" or "good girl." His ideas of what a "good boy" or "good girl" should be are taken, primarily, from his parents and the society in

which he lives. The preadolescent may not behave according to these images of right or wrong, but he will feel guilty if he does not conform to these ideals. However, the preadolescent who has gone through the preadolescent intellectual growth stage begins to ask for the reasons why something is right or proper. He becomes much more legalistic in his morality. He even may begin to challenge parents about the reasons for their rules and regulations. This is not disrespectful but is the product of his intellectual growth.

The Preadolescent Identity

The combination of the preadolescent's awakening physical body, his new emphasis on sex roles, and his increased intellectual abilities pushes the preadolescent to begin to face the most important developmental task of adolescence: the formulation of his identity. These forces knock the preadolescent off balance.

He finds that the methods he used to cope with problems as a child are not longer viable: they don't work anymore. Therefore, the preadolescent is forced to look at new ways of coping with his world. To accomplish this, he must establish a new identity. He now must consider his new masculine or feminine role. He must "try it on for size" and see how it fits him. He must consider himself as a sexual human being. To many preadolescents this is scary. It forces them to face more responsibilities and to achieve a better understanding of themselves than they have had to in the past. Some preadolescents try to run away from trying to establish their identities. Because of the number of changes they are going or are about to go through, running away is, at very best, only a temporary solution. Most become so involved with the quest for identity that they become egocentric and preoccupied with themselves.

The preadolescent is aided in his formulation of identity by his intellectual growth. For the first time, he is able to step outside himself and view himself objectively. He can begin really to see himself as others see him. As a matter of fact, the preadolescent has a hard time telling the difference between the way adults and his friends see him and the way he sees himself. This makes him hypercritical of himself and extremely sensitive to the criticism of others. If a peer calls him fat, his world can shatter. He may be the skiniest kid in the whole seventh grade, but if a peer calls him fat, he thinks he is fat. His intellect has allowed him to look upon himself as objective, but it has not developed enough to let him distinguish between his views and those of his peers. He recognizes himself as a person who can cope with problems as they arise but not as a person who can control his destiny by planning ahead. His half-developed intellect enables the preadolescent to take the first step toward establishing his identity, but it leaves him vulnerable to much pain over his half-formed self concept.

The Preadolescent and His Family

In his quest for identity the preadolescent begins to look upon his family in a different light. He still wants the love, affection, and the security they give him. They still have a great deal of influence on him.

This is particularly true in terms of basic value orientation and career possibilities. However, the family also becomes somewhat of a liability to the preadolescent. It is a symbol of where he was as a child. The preadolescent may feel that his family is trying to hold him back and keep him from leaving childhood. He may feel that he is only an extension of his family and does not have an identity of his own. Therefore, he seeks to disassociate himself from his family. He chooses to spend more and more time away from his family and may even choose to rebel against his family.

This is a bitter pill for the parent of the preadolescent to swallow. All the "ego-goodies" which the parent received from his child during childhood can be washed away with the first onslaught of preadolescence. The parents often take the preadolescent's need for independence as a personal affront. They often feel that they have failed as parents. The parents also must make an adjustment to the adolescent's quest for identity by giving him more freedom *and* more responsibility than he had before. They must mourn for the loss of their child who has taken the first major step to becoming an adult.

The Preadolescent Peer Group

When the preadolescent begins to leave the security of his family, he must have a place to go. He is too inexperienced and immature to make it on his own. The logical place to run is the peer group. To some degree, the peer group takes the place of the family. It treats him as an individual, quite independent of his family. The peer group lets the preadolescent practice several identities and gives the preadolescent support in breaking away from his childhood. The peer group gives the preadolescent an alternative set of rules and values to those of his family. Ultimately, this will help him establish his own values.

During preadolescence peer groups are almost always unisexual. The boys hang around with the boys, and the girls stick with the girls. Most of the activities of the peer group are strongly linked to the sexual composition of the group. Boys' groups tend to emphasize such things as sports or cars. Girls' groups emphasize social skills and activities. Each of these sets of activities reinforces the preadolescent's learning of his basic sex role.

To the preadolescent, his world revolves around his peer group, which he affectionately refers to as "the gang." One of his chief tasks as a member of "the gang" is to try to gain as much status among his peers as he can. If he is good-looking, he gains status. If he is an early maturer, he is treated as an adult and, therefore, gains status. However, the preadolescent cannot alter those two sources of status. Either he has them or he doesn't.

There are some things a preadolescent can do to obtain status. He can dress in style, know the latest dance, and keep up with the latest "in" phrases. These are all measures of the preadolescent's conformity to the group. He is trying desperately to be the same as his peers. Often this need for group conformity will go to extremes and encompass fads or even such antisocial acts as shoplifting.

If the peer group is too demanding, the preadolescent will loose his identity in the identity of the group. He cannot succumb to the "tyranny of the group."

There are some things the preadolescent can do which will make him

different from the group but still bring him status. Anything that makes him look older than his peers will enhance his group status. Being treated as adult is status. In this way the peer group provides an added incentive for the preadolescent to leave his childhood and grow up.

The Preadolescent at School

School is the junction where the values of the parents and society collide with the values of the preadolescent's peer culture. These hyperfidgity young people are asked to conform to school regulations, sit quietly in their desks, and learn answers. Something has to give! The preadolescent is bursting with questions of his own but never is given the opportunity to ask them. He must learn the teacher's answers to the teacher's questions. The child is willing to do that. The preadolescent, with his new intellectual abilities and his state of physical and psychological upheaval, is neither willing nor able to function well in that type of class. Therefore, what was a peaceful class of children becomes a noisy, and often belligerent, class of preadolescents.

This is especially true of the boys. Because they are culturally conditioned to be less aggressive, the more conforming girls function better in school during preadolescence. They are also developmentally ahead of their male counterparts by almost two years. This aids them in coping with school. The typical class of preadolescents consists of tall, somewhat well-behaved girls who are achieving fairly good grades and small, overenergetic boys who are always in trouble. The boys will get an "A" in one subject one day and fail another the very next day. If he has a problem at home, he may hide it from his parents, but it often will show itself in problems at school. A drop in a preadolescent's marks may indicate that he is having trouble with his peers. Many preadolescents feel that their parents love them only because they get good grades and don't cause trouble. To test this out, the preadolescent will cause problems in school and let his marks drop. If his parents still accept him, it will quiet his fears, and he will return to normal. If, however, his parents react harshly or severely punish him, he will feel justified in his fears and feel that nobody loves him.

Somewhere around the age of 13, the preadolescent passes into early adolescence. For the preadolescent girl this change can be subtle and can flow quite smoothly. The male preadolescent's change into early adolescence is a big, pronounced step in development.

EARLY ADOLESCENCE

Into the Teen Culture - Early Adolescence

Early adolescence encompasses the junior high school years and may extend into early high school. The Early Adolescence Stage of development typically begins at age 13 and ends at approximately age 15. During this stage the adolescent leaves the trappings of childhood and now fully identifies with the "adolescent subculture." He is a teenager. At this age being a teenager is more important than being an adult.

Physical Development - Girls

For the most part, during early adolescence girls finish the physical changes which were started earlier during preadolescence. Almost 90% of all girls reach menarche by the end of early adolescence. Most girls' breasts finish developing during early adolescence. The growth spurt which started in preadolescence ends during early adolescence. The adolescent girl typically grows up to 2 1/2 inches after menarche. Most girls have a fully mature body contour by age 15.

During early adolescence many girls go through a period of infertility. For a year or two after their first menstruation, many girls are physically incapable of conception. They may not have another menstruation for 12 to 18 months. There is nothing to be alarmed about. This is quite normal for these girls.

Physical Development - Boys

It is during early adolescence that most boys reach puberty. The average age of puberty for most males is between 14 and 14 1/2 years. Both the penis and testes begin to grow in accelerated fashion. The length of the penis will have doubled by age 17. The size of the testes will have increased more than tenfold between ages 12 and 19. Pubic and underarm hair begins to grow during early adolescence, and body hair begins to become darker. Facial hair begins to grow on some boys. The male breast also begins to undergo a small amount of development during the early adolescent years. The nipples become elavated, and the area surrounding the nipple (the areola) widens. Many adolescent boys may become very alarmed at this and question their masculinity. This is part of the normal growth pattern.

The early adolescent boy also undergoes a voice change. As he matures, his larynx (voice box) gets larger, and the tone of his voice gets lower. Most adolescents undergo this change gradually. However, in some early adolescent boys the voice change is abrupt and dramatic. His voice begins to "crack." He can speak one sentence in alternating high and low tones. Especially if he is "kidded" about this by either adults or his peers, this voice change can become a traumatic event for the early adolescent boy.

It is during early adolescence that the boy undergoes his growth spurt. The growth spurt usually starts at age 13 and reaches its peak by age 14. The boys rapidly catch up to and then surpass their female counterparts in height and body weight. It is at this time that boys make a very rapid gain in muscle tissue. Their gain in muscle tissue is far greater than that of the girls. This gives them the extra power advantage over girls which they will enjoy for the rest of their lives. This gain in muscle tissue causes the early adolescent boy to develop a heart and lungs with a greater potential for fueling the newly-developed muscles. The physical growth of the early adolescent male is both rapid and dramatic.

Establishing a Body Image

By the end of early adolescence, the adolescent must face the developmental task of establishing the major portion of his body image. He has to come to grips with the fact that his body is not going to be the body he hoped for. His 5'8", 128 lb. frame will not allow him to play professional football no matter how good he is. No matter how many "bust exercises" she does, she will not have a figure like Raquel Welch. All the acne cream in the world will not give that "peaches and cream" complexion. He may have to recognize that he always will have a weight problem to cope with. To the early adolescent, disappointment about his body size and shape can be "all-consuming." Coping with his body well enough to establish a firm body image is a major task of the early adolescent.

Emotional Development

The physical developments associated with the onset of puberty and the adolescent growth spurt spur the early adolescent into a period of heightened emotionality. He swings from extreme happiness to extreme depression with little trouble. His happiness is ecstatic. His depressions are catastrophic. He frequently may exhibit emotional outbursts. He can be quarrelsome and moody. He also can be deliriously happy or can giggle for hours on end.

The boys and girls begin to separate out what emotions are allowed for each sex role. The early adolescent girl cuts her aggressive behavior and her public displays of anger. The early adolescent boy who cries is severely chastised by his peers.

Intellectual and Moral Development

During early adolescence the intellectual skills, first developed during preadolescence, are sharpened and perfected. The adolescent is able to accomplish more easily, more quickly, and more efficiently the intellectual tasks which as a preadolescent he could accomplish only slowly, inefficiently, and with great difficulty. He begins to formulate a cognitive style and begins to become less dependent upon his surroundings and peers when deciding upon an intellectual issue. However, he still will depend upon them highly until sometime in middle adolescence.

This increased intellectual efficiency and budding independence of thought enable the early adolescent to think in terms of ideals. He no longer is satisfied with the way things are. He now wants to compare them with the way they *might* or *should* be. The early adolescent loses touch with the realistic aspects of implementing his dreams. He wants his dreams to come true and is disappointed when reality stands in the way. His interest in reading and his hours of watching television go down. He would rather daydream about the way things "should be."

During early adolescence the adolescent's intellectual growth spurs him to explore his religious and moral values. Religious and moral interest increases, but the adolescent spends much of his time challenging his previous beliefs and morals. His moral

judgments become less absolute. He no longer accepts a religious truth because some authority, such as the church, says it is true. He wants to know why something is right or wrong, and then he wants to question that moral belief. The early adolescent becomes highly critical of society and loves to point out hypocricy in the older generation. This is the source of many parent-adolescent conflicts. The adolescent calls the parent a hypocrite because the parent doesn't live up to his dreams. This may create a moral or ethical discussion from which both the parent and his adolescent can learn. However, on too many occasions the adolescent's inquiries hit a sore spot of his parents. The parents already may feel guilty about the matter and, consequently, become defensive. What the adolescent regards as a simple, straightforward question may be met with anger, fear, and a harsh response. This can blow up easily into a parent-adolescent war.

The Early Adolescent and Self-Concept

The two largest elements of the developmental task of forming the early adolescent self-concept have already been discussed: 1) the development of a positive body image and 2) the establishment of the early adolescent as a moral idealist. The early adolescent also begins to perceive his social relationships with others in terms of being long-term and not day-to-day acquaintances. He begins to develop a sense of self-esteem or pride in himself. This makes him realize his own self-worth and identity. The early adolescent begins to feel a strong need for independence. He needs this independence in order to feel as if he is a "whole" individual in his own right. He is embarking on a journey to find his own identity.

The Early Adolescent and His Family

During preadolescence the adolescent began to look upon his family as restrictive. This laid the foundation for the developmental task which the adolescent must face in early adolescence. He must begin to break his family ties in preparation for leaving home. The preadolescent's rebellion against his parents resembles a flailing out to feel "free." Although it is often violent, the preadolescent's rebellion lacks direction and planning. The early adolescent must begin to organize these feelings and begin, slowly but surely, to leave the family nest.

The early adolescent's physical and intellectual development force his parents into a new parent-child relationship. The adolescent is less physically dependent upon his parents. He can choose his own clothes and buy dinner at the local hamburger joint if he has to. His peers begin to replace his parents as the primary source of "ego goodies." The early adolescent begins to choose his own moral and ethical values and relies less upon his parents' guidance.

If a parent has used authoritarian, physical methods of discipline when the adolescent was a child, he now will find them ineffective and must change them. Once he reaches early adolescence, the adolescent is too big to be hit, unless the parent is willing to inflict severe

injury. The early adolescent also has reached a level of intellectual understanding where he no longer is satisfied with accepting an order from his parents without being given any reason. He wants a logical reason for his parents' demand and will argue against their wishes if he feels their reason is not adequate or just. Therefore, the parent must change his form of discipline or run the risk of totally alienating the adolescent.

During early adolescence there are two basic sources of family conflict. The first centers around physical independence. He wants to stay out later, have his own radio, manage his own money, and choose his own clothes. All these things signify independence to the early adolescent. They bring status in his peer group, and they help him feel that he is loved and trusted.

The second major source of family conflict is moral values. As stated above in the section on intellectual and moral development, an early adolescent often "picks" at his parents' moral standards. Often this is little more than an intellectual exercise to the adolescent. In fact, he will choose a moral standard to counter his parents' morality just for the sake of argument. He enjoys playing the "Devil's Advocate" role and can learn much by these hypothetical arguments. But one of two problems can be created. The parents may feel highly threatened by this attack on their morality and may lash out at the adolescent. This can start a very bitter parent-adolescent fight. The other possible problem is that the parents may believe that their adolescent actually holds the standards he has verbalized and will continue to hold them for the rest of his life. This will make the parents feel like failures and can undermine their self-confidence as parents.

Being a parent of an early adolescent can be a very frustrating and disappointing experience. The young child looks upon his parents almost as gods: they can do no wrong and hold all of life's treasures. In middle childhood he pictures his parents as heroes who may have minor flaws. The preadolescent sees his parents as powerful rulers, against whom he must struggle. In all these cases the parent is looked upon as "larger-than-life." However, the early adolescent pictures his parents as just ordinary people who have "feet of clay." He "picks" at them for not living up to their ideals and is disappointed that they're not the superheroes he once believed them to be. It is hard for the parents of an early adolescent to start severing their ties with their adolescent and yet still be there to pick him up when he falls flat on his face. However, it is necessary if the adolescent is to accomplish the developmental task of breaking away from his family.

The Early Adolescent and His Peer Group

In many ways the peer group during early adolescence is very similar to the preadolescent peer group. The early adolescent still is pushed to conform to group expectations. There still is emphasis on status and the means of achieving status. The peer groups still are composed primarily of members of the same sex. The peer group still serves as an alternative to the adolescent's family for moral values and a "sense of belonging." However, there are some important changes in the early adolescent's relationships with his

peers.

The gangs of preadolescence become more formally defined. Peers are labeled as "in" with a gang if they spend time in that group of peers or have similar ideas and values. They are outsiders if they spend little time with the group, value different activities, or are primarily members of a different gang. Other adolescents fall into the category of "loners." These are adolescents who have no affiliation with any group of peers and who are generally ignored by their peers.

Throughout preadolescence the adolescent has tried to gain status by proving himself to be "adult." As he enters early adolescence, the peer group may pressure him to further demonstrate his independence by requiring him to engage in taboo activities. They may pressure him into shoplifting or breaking minor rules at school. He may be challenged to get into the "drug scene."

The illegal drugs most often used by junior high school students are the glues and solvents. The early adolescent will break a tube of glue into a paper bag and inhale the vapors. He can spray a sock with an acrylic spray and inhale the fumes. This temporarily will get him "higher than a kite." He will see colors, experience a distortion of reality, and lose motor control. Some adolescents will use gasoline, turpentine, or transmission fluid to inhale and get "high." These glues and solvents are bad for the body and destroy body tissue at an alarming rate. Because of the short duration of the effects, a great amount of the drug has to be inhaled. Body tissue cannot stand such a great influx of an inorganic substance like these petroleum products. Therefore, prolonged use of these drugs can be very harmful. However, most of the early adolescents who try these drugs do so out of curiosity or "on a dare" and then discard their use. This one-time experimental use of glues and solvents is not unusual and has little effect on the adolescent's body.

Although some adolescents may use glues and solvents and a limited number of others occasionally may get their hands on some marijuana or some pills from their parents' medicine cabinet, most early adolescents will experiment with two legal drugs in an effort to appear adult-like. These legal drugs are tobacco and alcohol. The adolescents watch adults, maybe even their own parents, smoke and drink. In order to act like an adult, they try alcohol or tobacco, also. An experimental use of these drugs should be expected and, in our culture, must be thought of as typical. The parents should feel no extreme alarm about these rebellious behaviors. They should try to open up lines of communication with their adolescent and try to talk about both the parents' *and the adolescent's* feelings about using these drugs. The alternative is to leave the early adolescent on his own. In a peer group where status is all-important, this is dangerous for the parent to do.

Most peer activity in the gangs tends to be on the surface, with little deep personal interaction among members. During early adolescence "cliques" begin to form within gangs. A "clique" is a small group of peers with similar interests and a strong bond of affectionate friendship among them. Cliques are smaller than gangs, and the peers in a clique treat each other as individuals and not "bundles of status." They are open with each other about problems and feelings. Cliques form a good training ground for adult friendships.

One of the most important differences between preadolescent and early adolescent peer groups is the introduction of members of the opposite sex as peer

acquaintances. The gangs and cliques are still, for the most part, confined to members of only one sex. However, whereas preadolescent gangs of boys and girls barely tolerated each other, early adolescent groups of boys and girls show some interest in each other. The junior high school dance still will start out with all the girls lined up on one side of the gym and all the boys lined up on the other. However, eventually they will dance with each other. A main topic of conversation in male gangs is the girls in the female gangs. The girls' conversation centers arourd which boys would be the best to date. Both boys and girls begin to move into the heterosexual stage of dating.

Early Adolescent Dating

A major developmental task of early adolescence is the introduction of the adolescent to dating. This follows a pattern. The first step in this pattern is the crush an early adolescent may have on some idol. Early adolescent girls are notorious for their crushes on singing idols. The early adolescent girl of today may have a mad, passionate crush on Donnie Osmond or Michael Jackson. She will paste his pictures on her locker, swoon when his name is mentioned, and scream when his song is played. She will send him fan mail and wait impatiently for an artificially-signed photograph of her idol to be mailed back to her. This is not confined to the present generation. Who can forget the Beatles' screaming fans? Before that, it was Elvis Presley. An even earlier generation fainted because of Frank Sinatra. This crush serves a purpose. It gives the early adolescent the opportunity to try out his/her love emotions without any fear of being rejected.

After this, early adolescents pass into a period of time when they always are bragging to their peers about "going with someone." Most of this is pure fantasy. The adolescent probably would pass out if the person of the opposite sex whom they are "going with" actually spoke to them! This type of peer talk helps the adolescent decide what is desirable in a dating partner and gives him the confidence to date a member of the opposite sex who will be acceptable to the peer group.

Finally, the early adolescent will begin to date casually. The specific age for beginning to date varies according to the adolescent's subculture, peers, and family. However, most adolescents in our culture will begin casual dating by age 15. Casual dating consists of infrequent "big night" dates with different members of the opposite sex. These often may be double or triple dates so that the dating couple spends the evening in a group. This type of date gives status in the peer group, independence to the adolescent, and training for future dating activity.

The Early Adolescent in School

The early adolescent views school as more tolerable than the preadolescent did. School becomes the center for many adolescent social activities, and it serves as a meeting place for peer groups. For the first time school begins to be looked at as a training place. The early adolescent begins to realize that schools will help him fulfill the developmental task of preparing for adulthood. The school serves as the center of his social world and, therefore,

affords him a place for social training. It serves as a sounding board for the ideas that the adolescent's new intellect has fashioned. The early adolescent begins to see the relevancy of some of his school subjects for training in a career. At this stage adolescents are overidealistic and very unrealistic about their career expectations. However, they are beginning to search for job models and for careers which will seem challenging to them and are beginning to realize that school is a means to achieve their goals.

The composition of the classroom changes violently from preadolescence to the end of early adolescence. No longer are the males and females so different from each other. The boys have caught up to the girls' level of physical development. Therefore, they no longer have to prove their masculinity by being loud and boisterous. The boys also begin to feel the push to achieve in school in order to guarantee college entrance or to acquire adequate career training. The girls begin to feel the social pressure of their sex-role stereotype and begin to feel that they should not compete, lest they lose femininity. Therefore, the class grades begin to even out among the boys and girls. School is no longer the "girls' world."

It is during early adolescence that the adolescent is very creative. His intellect is advanced enough to be capable of a high level of thought but is new enough that it is not structured by conventional thought. If this creativity is rewarded and fostered by the parents or the school system, the adolescent will cultivate his creativity. If, however, the early adolescent is crammed into a preconceived mold of an obedient child who does not have the right to ask questions, the adolescent will let his creativity slip away and die.

MIDDLE ADOLESCENCE

The Heart of the Teen Years - Middle Adolescence

Middle adolescence generally covers the high school years. It generally begins at approximately age 15 and continues until the end of high school, typically at age 17. During this time the adolescent begins to think of himself as an individual who is not bound to peer conformity.

Adjusting to dating and heterosexual sex becomes the most important developmental task for the middle adolescent. Although he still identifies with the youth culture, he resents being referred to as a "teenager" and would rather be called a "young adult." His ties to childhood are broken, and he begins to look to his age mates for his direction in life. The middle adolescent no longer feels a need to react against his childhood or to rebel against his parents or school. He views his generation as providing a self-chosen alternative to the Establishment. He challenges society to prove him wrong.

Physical Development in Middle Adolescence

After the tremendous physical growth which occured in preadolescence and early adolescence, the growth occurring in middle adolescence is minimal. By age 16 the girls reach their full height, and their body growth usually is completed during middle adolescence. The boys still experience some body growth, but their strength increases

considerably. There may be a weight spurt in some boys, similar to the "fatty period" the girls experienced in preadolescence. This is temporary and should be no cause for alarm. The penis and the testes will complete most of their growth during middle adolescence. Typically, middle adolescence is the "finishing up time" for physical growth.

Exceptions do occur. Occasionally a girl may not reach menarche until age 16. Some boys may not experience their growth spurt until age 16, and some may have immature genitals until the age of 17. These late-maturing adolescents are at a distinct disadvantage with their peers. This is especially true of boys. Because our society's ideal woman is small and petite, the late-maturing girl can escape heavy peer criticism by being a late maturer. However, the late-maturing boy is poorer at sports because of his smaller size, less successful at dating because of his "child-like appearance," and less able to shake the image of "child" among adults and peers. This can be very traumatic to the adolescent whose mind is in middle adolescence while his body is in preadolescence. He still must face the developmental task of coping with his body image.

Emotional Development in Middle Adolescence

For the most part, the emotional extremes which characterized early adolescence are toned down during middle adolescence. The rapid emotional swings from joy to despair and back again start to disappear. The middle adolescent begins to approximate adult emotional behavior. However, the middle adolescent still has trouble with two emotions. First, he has a hard time controlling his anger and still gets into physical fights. Once he learns how to drive, the car also can become an outlet of emotional impulses. This can be dangerous. In addition, adolescents at this age find it hard to deal with depression. They often become shy, depressed, masochistic, and sometimes suicidal. Some adolescents withdraw from their families and peers. One of the developmental tasks of middle adolescence is learning to cope with anger and depression as emotions.

Intellectual and Moral Development

During middle adolescence the adolescent continues to sharpen up his intellectual skills. His cognitive style begins to take on sharper focus. The middle adolescent becomes less dependent upon his surroundings and peers for intellectual support. Having practiced with his new intellectual skills since late preadolescence, the middle adolescent feels confident in his own intellectual skills. He no longer needs to rely upon his peers to give him ideas or to support his own ideas. He begins to consider himself independent from his peers and surroundings. Strong condemnation or strong approval from his peers still will have a great influence upon his actions, but the middle adolescent is beginning to become intellectually independent.

It is during middle adolescence that the adolescent begins to differentiate between himself and his peers. He begins to be able to tell the differences between his own view of himself and the

views others have of him. He is beginning to develop his own identity. This also makes him aware of the individual identities of others. He begins to lose the egocentrism which marked his preadolescence and early adolescence. He no longer selfishly looks only at his own needs but begins to recognize the needs of others. The middle adolescent starts to understand that his peers, friends, and parents all have feelings and a right to feel as they do. During this stage many adolescents become very altruistic. They try to develop themselves so that others may have their needs fulfilled. These feelings provide the impetus for further moral development. As the middle adolescent looks at the world around him, he realizes that many of the people are suffering. To ease their burden, he begins to take up social causes. Although social laws and rules are still very important to him, he begins to question them. He learns that there may be extenuating circumstances which make a law or rule unjust in a specific situation. This complicates his moral world. He is bombarded with alternative moralities. During his childhood his parents were the main source of moral law. During his preadolescence and early adolescence, his peers joined his parents in presenting moral rules to him. Now, in middle adolescence he receives moral rules and laws from parents, peers, teachers, books, television, and representatives of conflicting groups in the broader society. He begins to take on such major moral dilemmas of our society as war, individual freedom, and societal responsibilities.

To these concerns and questions the middle adolescent adds an ingredient which he did not possess in early adolescence--*reality*. When the early adolescent sees a social injustice, he arrives at simplistic or grandiose ways of coping with it: he is very unrealistic. The middle adolescent begins to plan out his approach to the problem. He doesn't flail wildly at the problem; he chooses a systematic approach to carry out his objectives. He uses his intellectual ability to look ahead to the future, as well as the present, consequences of his actions. He will use the motivations of others to bring them together into a unified force to press for their collective interests. He now sees the purpose of political action groups, of unions, or of electing legislators in defending their interests.

Because of the lack of response from the socio-political system, many middle adolescents become alienated from the Establishment and become political activists. There are two ways the middle adolescent can bring about change. He can work from the inside and effect change. This type of activist will belong to political action clubs, work on money drives, and try to bring about change in the system by working within its rules and regulations. The other alternative is to "throw stones" from outside the system. This activist will hurl barbs at the society but will not work toward constructive solutions. He will tear down but seldom will build up. Often he will go outside the law to achieve his goals, through such activities as petty theft or vandalism. One of the major developmental tasks during middle adolescence is the channeling of the adolescent's idealism into constructive lines of behavior.

The Middle Adolescent and His Peer Group

Although the middle adolescent spends more time with his peers, the

influence of the peer group begins to diminish. The middle adolescent is faced with the developmental task of breaking the peer group's influence over him and starting to formulate his independent self. He no longer associates with a gang which expects unswerving loyalty to the group. His peers are divided into cliques which, when combined, form a "crowd." The crowd differs from the gang in that there is less pressure to conform to group expectations and more individualistic behavior is tolerated. The peer relationships during middle adolescence are more open and personal.

Status among peers is still important, however. A boy can gain status from his peers by dating a good-looking girl or by engaging in sexual activities with a date. The optimum status is given to the boy who can do both. An adolescent girl can gain status among her peers by dating a desirable boy or by getting some form of commitment from her date (being asked for another date, starting to go steady, being pinned, or getting engaged or married). The girl can gain maximum status if she can get a commitment from a desirable male. The boys are given peer status for sex, and the girls, for commitment. Although the non-dater is tolerated by the middle adolescent peer group, he is not given much status.

Delinquency and Drug Use

Many middle adolescents, especially boys, find it difficult to establish their own independent identities. They remain in gangs long after their peers have outgrown them. Not only do they feel rejected by their parents and the adult society, but also they now are rejected by their peers as well. Frequently these gangs are populated by adolescents who have not been able to achieve a high degree of status among their peers in the normal way. Therefore, they seek to impress their peers by becomming "outlaws" and performing illegal and aggressive actions. This also serves the purpose of "getting back" at the peers who have rejected them. They become delinquents.

While this also may happen in middle adolescent girls, the delinquent girl is more liable to have a very poor home situation, too. Her parents either reject, ignore, or stifle her. Her home life is in a constant state of tension. For a girl living in a society which perpetually tells her that her greatest joys, as an adult, will come from her family roles, this is devastating. She either gives up living within "the system" or runs away from the poor home situation.

Just as the young adolescent experimented with glues, solvents, tobacco, or alcohol the middle adolescent also may experiment with drugs. The chief middle adolescent drugs are tobacco, alcohol, and marijuana. He occasionally may get his hands on some pills ("uppers" or "downers") from his parents' medicine cabinet or pick up an hallucinogen on the streets. The experimenters will try a drug, explore its effects, and stop using it. They are no major problem.

The major problem lies in the adolescent drug taker who keeps using the drug. He will become psychologically addicted to the drug. He also may use other drugs which are physically addictive: alcohol, barbituates, cocaine, or opiates. These drug abusers feel inadequate in coping with their world. Often they have been rejected by peers or parents. Sometimes they

can't cope with dating or school. Whatever the reason, they feel that they can't make it through the day without a crutch to lean on. Their crutch is drugs.

Where did they learn that way of coping? First of all, they learned from the society. We are a drug-taking society that seeks simple chemical answers to our problems. An evening of watching television commercials will tell you that we believe in the motto "Better living through chemistry." Adolescents also may learn drug abuse from their peers. However, most drug abusers learn how to abuse drugs from their parents. Show me a father who needs a "belt of booze" before he goes to a party or "pops an upper" to get ready for a business meeting, or show me a mother who lights a cigarette or "pops" a tranquilizer when her kids get on her nerves, and I'll show you an adolescent who is a potential drug abuser. This is not to say that parents shouldn't drink, smoke, or use medicine. That is up to them. However, if they use drugs to cope in their lives, there is a good chance that their adolescent will follow their example.

Dating and Sex in Middle Adolescence

No activity takes up as much of the middle adolescent's time as dating, nor is anything as important to him. It is one of the two most crucial developmental tasks of middle adolescence. The group dates of early adolescence are replaced by single heterosexual dates. Dating, at this stage, serves four basic functions. It provides recreation and is fun. It is a form of social learning which allows the adolescent girl and boy to develop appropriate techniques of interaction. As mentioned before, dating is a means of achieving peer group status. Finally, dating allows adolescents to gain experience in interaction with several members of the opposite sex; this will help the adolescent in his choice of a mate later in his life.

If two adolescents have a date and enjoy that date, they most likely will date each other again. If they have a series of enjoyable dates and they find that they meet each other's needs, they may decide to "go steady." "Going steady" has different meanings in different parts of the country and in different subgroups. In some groups "going steady" is a commitment to be engaged. When this is the case, an adolescent may "go steady" only once or twice in his entire dating career. In other cultures "going steady" is taken very lightly and casually. Such a relationship may last only two weeks to two months. When this is the case, an adolescent very well may "go steady" as many as 10 to 20 times in his dating career.

"Going steady" involves a greater degree of commitment than casual dating. It usually brings with it a higher degree of sexual intimacy. Adolescents who are "dating around" typically will kiss, hug, and "neck." "Necking" refers to prolonged kissing and hugging, usually accompanied by conversation about each other's feelings. A couple who is "going steady" may choose to remain at that level of sexual intimacy. More often they will begin to "pet." "Petting" is a broad term referring to the manual stimulation of the sexual areas by one's partner. Typically, this refers to fondling the breasts or genitals. Depending on the morality of the adolescents involved, this petting may range from lightly fondling the girl's breasts over her blouse or sweater to

mutually fondling each other's genitals to orgasm. Some couples even may engage in sexual intercourse. These choices are moral choices made by the adolescent boy and girl. "Going steady" does not necessarily mean that the couple is having sex. Nor does keeping an adolescent from "going steady" guarantee that he will not engage in sex. Many middle adolescents of both sexes are very willing to have sexual intercourse on the first date! They have been sexually mature for some time now and have had to cope with an unfulfilled sex drive.

The middle adolescent years bring the height of the male sex drive. By the end of middle adolescence, almost 94% of all boys and 70% of all girls will have masturbated. Yet, despite this preoccupation with sex, very few adolescents are willing to discuss sex seriously. They will brag or joke about sex, but they are very cautious about discussing it. This is mainly the result of cultural stereotypes. The girls aren't supposed to talk about sex because only girls "on the make" talk about sex. Therefore, to protect her reputation, a girl says nothing. The boys aren't supposed to talk about sex because they are supposed to know everything already. Any boy who asks a serious question about sex is ridiculed by his peers and loses status. Therefore, the middle adolescent is left to his own resourcefulness to find the sex education needed to establish a code of sexual morality for himself.

He may choose the "Traditional Standard," which holds that no one may have sex before marriage. This is the standard that the law, churches, and his parents most probably will support. He may choose the "Double Standard," which stipulates that sex before marriage is fine for boys but not for girls. This is the standard that most of society holds. The adolescent may pick the "Fun Morality Standard." In this, sex is fine with anybody at any time at any place. It is purely hedonistic. This standard is rarely held. He may choose the "Permissiveness with Affection Standard." Under this standard the adolescent couple allows premarital sex only if they feel that they are in love with each other. Literally, sex equals love. This is the most popular standard among the late adolescents. Finally, he may choose a "Nonexploitative Permissiveness Standard." Under this standard the morality of the sexual act hinges on whether either sexual partner is exploiting the other. Exploitation is immoral. If there is no exploitation, even if there is also no love, there is no moral wrong. This standard is relatively rare among middle adolescents.

Some couples get married during middle adolescence. This is a problem since divorce statistics show that these marriages have one-fourth to one-half the possibility of success that a marriage in which both partners are in their 20's has. One of the reasons for the high failure rate of teenage marriages lies in their reasons for getting married. Many middle adolescents get married because it gives them the status of being an adult. Some marry to escape a poor home situation. Others marry because they are idealistically swept up by the glamour of marriage. But the most frequent reason that middle adolescents get married is a premarital pregnancy. All of these are poor reasons to marry. The only legitimate reason to marry someone is because you love that person and believe that you can be good for each other.

The Middle Adolescent and the Family

Middle adolescence is a period of strong family conflicts. While they may lack some of the sheer force and volume of previous conflicts, they are probably more intense. Although it may take many forms, there is an underlying factor to most parent-adolescent conflicts at this stage. The parent is afraid that the adolescent is developing a different set of values from his own. Consequently, the parent feels like a failure. In order to avoid feeling bad about himself, the parent tries to make the adolescent conform to his (the parent's) value system. Arguments can arise over church attendance, the use of the family car, or household chores. The parents and middle adolescent may have bitter fights about when he's to start dating and whom he's to date. Discussions about drug use or premarital sex can blow a family asunder! Parents must realize their own limitations. They can talk about morality and try to sell their morality to their adolescent. However, if the adolescent chooses a different morality, the parent can do nothing further. He must accept it. That is a very bitter pill to swallow! The major developmental task of adolescence is for the adolescent to establish his own identity--not a carbon copy of his parents!

Middle Adolescents in School

The intellectual and self-concept changes which the middle adolescent experiences prompt him to value learning and self-betterment more than he ever did before. They make him realize, for the first time, the value of a good education. This produces a greater classroom harmony than previously experienced in early adolescence. In some middle adolescent groups school achievement even becomes a means of peer-group status.

Much of this interest in school work stems from the pressure to either enter college or find a job. These pressures are exerted by parents, teachers, guidance counselors, and the society as a whole. These pressures are especially felt by the boys. They spur the boys to formulate college or job plans much earlier than the girls. Middle adolescent girls often are expected to marry; therefore, they receive less guidance and pressure. In some cases girls with high career goals are even discouraged by school personnel. It is a poor system that ignores the girls and overpressures the boys.

The intellectual growth of the middle adolescent enables him to be more realistic about his career possibilities and the training needed to obtain a job that meets his personal needs. The adolescent begins to choose some of his own schoolwork and actively strives for success instead of being passively spoon-fed by the educational system.

LATE ADOLESCENCE

Transition into Adulthood - Late Adolescence

Late adolescence usually covers the ages from 17 to 19. This stage starts when the adolescent graduates from high school and continues until he achieves adult status. Typically, this is achieved within two or three years.

However, if the adolescent decides to attend college, late adolescence may last until age 22 or 23. During this stage the adolescent must perfect the skills he has developed during adolescence and adjust to the changes he has undergone. Most importantly, he must fully establish a strong, well-integrated identity. Once he completes this stage of development, he leaves adolescence entirely. He is an adult.

Physical Development

There is little physical development experienced by most late adolescents. The boys attain their full height and full genital growth by age 18. Late adolescence is also the time of maximum motor performance for boys. By the end of late adolescence, even the late-maturing adolescents will have attained full physical development. It is the task of the late adolescent to sharpen his physical skills and to adjust to his physical body in order to achieve a positive body image.

Emotional Development

Emotional adjustment is the main developmental task which the late adolescent must master in the area of emotional development. He must develop a realistic view of his emotions and learn to curb his emotional instability. Unrealistic attitudes about such emotions as love or anger were tolerated before late adolescence. They will not be when the adolescent reaches adulthood. Unrealistic and unstable emotions also cause friction in interpersonal relationships.

Before late adolescence most of the adolescent's relationships are short-term, so emotional upheavals which end peer relationships are less disruptive to the adolescent's life. If the same upheaval were to occur in adulthood with a spouse or a child, the effect would be much more disruptive. Therefore, the late adolescent must learn emotional stability and realism before he enters the adult world.

An adolescent can be either greatly helped or greatly hindered by his parents. If his parents are good models of emotional adjustment, the late adolescent will have good examples to follow and will be aided in his adjustment. But parents can hinder their child's emotional adjustment in one of two ways. If they are examples of poor emotional adjustment, the adolescent will expect that this is accepted adult behavior and will remain emotionally unstable and overidealistic. If parents refuse to let their adolescent undertake his own emotional adjustment and try to "shield him from himself," the adolescent may not have the opportunity to deal with his emotional adjustment. Then, he will have trouble coping with the problems of young adult life. Unfortunately, this frequently happens. Many adult emotional problems have their roots in the lack of late adolescent emotional development.

Intellectual Development

Late adolescence is a period of leveling off of mental activity. There is less "activity for activity's sake." The adolescent still is perfecting his intellectual skills. However, he does so by putting his intellect into action. He involves himself in more decision-

making. He loses interest in fads and begins to stabilize his interests. His flexibility in his views and ideas enables him to be quite creative in his intellectual pursuits. The late adolescent gains confidence in making decisions for himself and becomes more independent of his parents, peers, and those around him.

Moral Development

The intellectual skills which he has perfected enable the late adolescent to personalize his morality. Throughout his childhood and through much of his adolescence, the adolescent never really had a morality to call his own. His morality was, for the most part, a carbon copy of something his parents, peers, or church had given him. Although he may have borrowed that morality, the adolescent seldom really "owned" it. His morality may end up similar to his parents', or it may be quite different. Most probably the late adolescent's morality will contain some elements of his parent's morality, some of his peers' values, some parts of his church's philosophy, and some of his own personal ideas.

During late adolescence the adolescent no longer looks upon morality as being legalistic with a set of iron-clad rules. He now realizes that moral rules are, in essence, contracts between people. Therefore, there are times when rules don't apply and circumstances which make some moral rules wrong. The adolescent realizes that morality requires an individual commitment which may change over time or from one situation to another. Because of these developments, the late adolescent is often very skeptical of organized religion. He believes in an abstract, personalized religion instead of a literal, institutionalized religion and is quick to point up organized religion's hypocrisy. In this way the late adolescent breaks his old moral and religious dependency and establishes his own individual set of moral and religious values.

The Late Adolescent and His Family

Because of his more realistic and mature view of the world, the late adolescent understands his parents more and is more tolerant of their views. Before his late adolescence, parents often worry about their adolescent's development and are afraid that they are doing a poor job of parenting. Once their adolescent reaches late adolescence, most parents realize that they have not done a bad job of parenting after all. The adolescent has turned out quite well by his parents' standards. His parents feel successful and are more understanding and tolerant of their adolescent's views. These developments ease parent-adolescent tensions, and conflicts diminish.

Parents also must face a major temptation during late adolescence. Many parents, particularly those who are not satisfied with their own lives, try to relive their late adolescence through their child. They try to influence their adolescent to act as they would have in the same situation. This is a horrible burden to place on the adolescent. His main developmental task is to establish an *independent* identity. The parent who will not let his adolescent lead his own life will cause the adolescent irreparable harm.

The Late Adolescent and His Peers

Because the adolescent is striving to complete his independence, he has less need to rely on his peer groups for support of his independence. Peer group status is less important, and there is little peer group influence on him. The late adolescent still will lean on individual friends for support and help in difficult situations. However, the group loses a great deal of its effect on the adolescent. Friends now are chosen on the basis of personality and how well they interact with the adolescent. Their status is much less important than it was in early or middle adolescence. The late adolescent is setting a pattern for his adult realtionships.

Heterosexual Relationships

As the late adolescent moves away from the influence of the peer group, he moves toward more significant relationships with the opposite sex. The adolescents who don't date at all will receive much pressure from peers, family members, and the society at large. Some adolescents still may be engaging in casual dating. However, for most late adolescents, dating consists of at least "going steady" with one or more members of the opposite sex. These relationships are based primarily upon interpersonal attraction rather than status, although status still may play a part in the initial choice of partner on a first date. Such relationships typically include some degree of sexual intimacy. Those late adolescents who attend college are usually more liberal about premarital sex than those who enter into the work force during late adolescence. These types of relationships help the adolescent achieve a realistic view of relationships with the opposite sex. This is a major developmental task of late adolescence. If the adolescent does not become realistic in his attitudes, he will carry over-romantic expectations, which no spouse can live up to, into his marriage. The marriage will have two strikes against it at its very outset.

This achievement of realistic expectations about heterosexual relationships must occur in late adolescence because it is at this stage of development that most young people become either engaged or married. "Engagement" is the formal, public announcement of a young couple's intention to marry. Their relationship becomes formal, public, and exclusive. This helps the boy and girl to test out their identity as a couple. Because an engagement does not carry the idea of permanence with it that marriage does, the couple is given the option of calling off the engagement if they feel that their relationship is not working out. Unfortunately, any public announcement, such as an engagement, brings social pressure with it. A couple may want to break an engagement but feel trapped by pressure from their families and friends. Ideally, both the boy and the girl should decide, as individuals and as a couple, to enter the next stage of heterosexual relationships--marriage.

It is crucial that both members of a new marriage achieve a great degree of independence and realistic maturity *before* they marry. After they marry there are a large number of personal lifestyle adjustments which have to be made in order to enable the boy and girl to live in harmony. They also have to adjust to the permanence of marriage. Making these adjustments

and trying to fill out an incomplete identity at the same time can be devastating to the new marriage.

This is the main reason why some of today's young couples, particularly those on college campuses, have chosen to live with each other for a period of time before marriage. Such an arrangement spreads the adjustments the couple has to make over a longer period of time. It also allows the couple to dissolve their relationship easier than they could if they were married. The morality of this type of living arrangement must be decided upon by the couple.

There are many books which discuss the marital adjustments of the newlywed couple. I will not try to duplicate their work. There are three things, however, which do require a word. These are the three major problems which face the young married couple: money, sex, and relatives. Most newlyweds have money problems. Who earns the money? Who spends it? How is it spent? Is there enough money? Such questions and their solutions can lay the foundation for the rest of the marriage. An occasional assist from mon and dad may be needed. However, parents must be careful not to impose themselves on the young couple. Parents and, for that matter, everyone else should avoid getting involved in a young couple's sex problems. If serious enough, the couple should be urged to see a marriage counselor. Any other advice given, even with the best of intentions, probably will be of more harm than help. Finally, young couples often have problems with relatives, most often parents, who try to impose their views, values, and ways of doing things upon the young couple. Nothing can stunt a young married person's growth as much as this. It keeps him from successfully accomplishing the main task of late adolescence--establishing his own independent, integrated identity.

Late Adolescents and School

When school is mentioned in a discussion of late adolescence, college comes immediately to mind. It is true that college is a very important factor in the lives of many late adolescents. However, those adolescents who don't go to college often go through a large amount of schooling at this time, too. Many late adolescents go to trade school or receive training courses from their employer. Some receive on-the-job training or go through an apprenticeship. The late adolescent is a self-stimulated learner of information which is relevant to his vocation. He learns because *he* wants to and not because someone else is pushing him to learn. He learns information which he sees as important to his job or job training. Even the college student in a liberal arts degree program sees the relevance of what he learns in his life. It is the students' clamoring for relevant courses which has changed many college curricula.

In deciding whether or not to send him to college, the adolescent's interest and ability both must be taken into account. If the adolescent has no interest in college, he would be foolish to sink time, money, and effort into attending, even if he has the academic ability. By the same token, if the adolescent lacks the ability, all the interest in the world will not push him through. In either case, if the adolescent wants to give college a try, he should be encouraged to do so. However, both the adolescent and his family

should know when to "call it quits" and not feel as if there has been a failure. In deciding whether or not an adolescent should attend college, a parent should be aware of the fact that the sex of the adolescent can play an important part in his level of aspiration. Boys tend to choose professional career areas, regardless of their academic success. Girls tend to lack the motivation to aspire to goals which are up to their scholastic accomplishments and abilities. This is not biological. This is what the society has taught them is proper for boys and girls to do. Therefore, girls may need to be encouraged to strive beyond their expectations, and boys may need to be reminded to remember that their abilities are limited.

For many late adolescents college is a necessary step in achieving their independent identities. It demands that they act like adults but tolerates adolescent actions as well. Much of college is devoted to skills training for specific occupations. This will help the adolescent become more proficient in his vocation. However, much of college also is geared toward making the adolescent a well-rounded adult. This aids him in the establishment of his identity. Unlike in high school, the greater part of the drive to learn in college must come from the individual himself. It is this drive which the late adolescent must carry with him into his adult life if he is to be a "growing adult."

The Development of a Vocation

The meaning of work differs greatly according to the social class and subgroup of the late adolescent. Work may be a means of meeting dating partners or of achieving personal fulfillment. An adolescent may choose to work at a specific occupation because of pressure from his family or friends. A specific job may mean just money to the late adolescent. Regardless of its meaning, the late adolescent knows that many of his most important satisfactions will depend upon his ability to find and keep a job--for example, his chances for full emancipation from his parents, for acceptance as an equal by his peers, and for getting married and maintaining a home.

One of the major factors influencing the importance of a vocation is the sex of the late adolescent. In our culture, holding a job is a requirement of manhood. Since their son's childhood, parents will have emphasized the need for a good job. Therefore, the late adolescent male is under tremendous pressure to choose an occupation and succeed at it. The male is under more pressure to choose a vocation in terms of salary and status than his female counterpart. He must think of his own future role as a family provider. For this reason he often will feel pressure to consider economic factors above his personal satisfactions. In choosing a vocation the late adolescent male must pick from thousands of types of jobs. This becomes a complicated, yet crucial, choice. Because a vocation constitutes such an important part of his life, job problems are very crucial to the late adolescent boy.

The late adolescent girl faces a different set of problems. While she doesn't feel the intense pressure felt by her male counterpart, she also doesn't receive the vocational guidance given to the boys. She is allowed to drift toward an eventual vocation. Society places such great pressure upon the late adolescent girl to marry that the girl has little time or energy to

invest in establishing a vocational identity. Furthermore, any girl's vocational plans must take into account their possible effects on her future family. With so many uncertainties, it is little wonder that late adolescent girls make fewer long-range vocational decisions than their male counterparts. Even if she clears all these obstacles, the late adolescent girl often may feel that she has only a limited range of traditional female jobs to choose from. Therefore, because of our culture's sex role stereotypes, both the late adolescent boy and girl suffer in their development of a vocation.

A late adolescent's vocational choice also may be affected by socio-cultural factors. The social class and social subgroup may limit the range of occupations from which he may choose. They determine the type of job the adolescent is familiar with. The adolescent may have a prejudice against a job simply because his knowledge of it is limited or distorted. The influence of the adolescent's social class may be so strong that it even may keep the adolescent from seeking a higher social status occupation.

The adolescent's family also may influence his vocational choice. If an adolescent's parents are highly motivated in their vocations, the adolescent also will show a high degree of motivation in his career. An adolescent may follow in his parent's specific occupation. He may bow to parental pressure in his choice of a vocation. However, a family must be careful not to exert too much influence upon the adolescent's choice of vocation. The choice of a vocation is one of the most crucial developmental tasks for the late adolescent. Often his personal identity brings upon his vocational identity. If the choice is not fully his, neither is his identity.

The Formulation of an Integrated, Individual Identity

Erik Erikson, in his book *Childhood and Society* (1963), lists one primary task for the entire period of adolescence: to develop an identity. This identity must be *independent*. The adolescent may share some motives, interests, and values with others, such as his parents or peers. However, by the end of late adolescence, the adolescent's identity must be independent and qualitatively different from his loved ones. This identity has to be *whole*. The late adolescent must connect the roles and skills which he has previously learned in his childhood and adolescence into a whole which he can identify as being uniquely himself. This identity must be *integrated*. The parts that compose the whole must be connected in such a way that they work well together without coming into too much conflict. This identity must be *consistent*. The late adolescent may change over time. In order for him to grow as an adult, he will have to. However, some part of him also must remain the same. An adolescent can shift his identity quite often and still be tolerated. An adult cannot. The late adolescent must formulate an identity which is consistent enough to anchor into. With firm roots, he can grow and expand to greater heights.

If an independent, whole, consistent, well-integrated identity isn't achieved by late adolescence, the adolescent will enter into adulthood as an incomplete person. Such an adult feels that he is an invalid who must use "psychological crutches" to cope with

his everyday world. He may use alcohol or drugs to escape a world he can't deal with. He may develop physical ailments to cover up personal deficiencies. He may become neurotic or even psychotic and totally reconstruct his world. He even may lead a very "normal" life but have to work twice as hard for everything he gets. The establishment of a firm identity is the best preventative medicine to eliminate the need of "psychological crutches."

Many people use different definitions for "adulthood." For an "R-rated" movie, an adult is anyone 16 years old. Yet, for an "X-rated" movie, an adult is someone 18 years old. Some people consider an adolescent an adult when he holds his first full-time job. Others only consider a person an adult if he's married. There are legal and social definitions of adults. For the purposes of this discussion, an adolescent passes on to adulthood when he achieves an independent, whole, constant, well-integrated identity. This encompasses all the other developmental tasks of adolescence. If this task is achieved, the individual is well on his way to becoming a healthy, growing adult.

EPILOGUE

This chapter has taken the reader through the adolescent stage of development. Although it is a crucial stage of development, it is not the only time a person grows. Obviously, a young child also grows and develops. It is important to realize that adults also change and grow. Growth does not stop at the end of adolescence. It is our task as parents not just to get our children through adolescence but to set them in motion toward a growing adulthood. Therefore, the parenting which we give our adolescents will have far-reaching effects into their adulthood. Ultimately, it will affect their children and their children's children. In a very real sense, it is our legacy to the future.

Helping Adolescents

Methods That Foster Parents Can Use to Help Their Adolescent Achieve His Developmental Tasks

by

Anthony P. Jurich, Ph.D.
Assistant Professor, Family and Child Development

Growth during the adolescent years is dependent upon many things. The previous chapter discusses these factors and elaborates the growth patterns of adolescence. One of the most influential factors on the adolescent's development is his family. For the foster child his foster parents and their relationship with him are of paramount importance.

This chapter will focus upon some specific problems of adolescence at each stage of development and discuss methods which the foster parent can employ in order to cope with them. Obviously, not every potential problem can be discussed in one chapter. This chapter will highlight some of the major problems which foster adolescents face. It is hoped that foster parents can benefit by these examples and can generalize the skills and methods suggested to other situations.

Seeing the Adolescent's World Through His Eyes

All too often, when an adolescent says or does something, he means one thing, but his foster parent receives an entirely different message. The adolescent may be testing out his stirrings for independence. His foster parents may take his actions as a personal attack on them or as the "wise-guy" actions of a "sassy kid." This often happens when the teenager tries to extend his curfew to a later hour.

Let us take the example of a 14-year-old boy whose curfew is 9:30 p.m., while his friends can stay out until 10:30 p.m. When he approaches his foster parent about the possibility of staying out later, his foster parent may feel that the adolescent is still a child and should be in by 9:30 at night. When the adolescent checks in at 10:00 the next night, his foster parent may take it as a personal affront to his authority and punish the adolescent. This type of response will, in most cases, trigger further rebellion by the adolescent, which will, in turn, accelerate the teenager and his foster parent's disagreeing into a full-scale battle.

A better tack for the parents to take is to try to see the situation from the adolescent's point of view. The first step in this approach is to become familiar with the stages and developmental tasks of adolescence in our culture. A good way to accomplish this is to read and understand the preceding chapter, "Foster Parenting Is Understanding Adolescence." Knowledge of the typical 14-year-old will tell the foster parent that a teenager of this age is

highly dependent on his peers and very susceptible to their criticism. A one-hour difference in curfew will put him under tremendous peer pressure. The second step the foster parent should take is to try to step into his adolescent's shoes and see the situation through this teenager's own individual eyes. Each adolescent and every situation has individual characteristics which must be understood by the parent. This teenager may be insecure or have a low self-concept. In this case the peer pressure will be even more intense and even harder to resist. Although the foster parent may not view the situation in the same way and may not consider it as crucial as the adolescent does, he must realize his teenager's viewpoint and deal with the situation accordingly. So, the first step in handling any adolescent crisis is to analyze the situation through his eyes.

GENERAL RULES FOR HANDLING PROBLEMS

For the most part, the foundations for this discussion are explained in the first chapter. I'd like to forward four rules to employ in dealing with adolescent crises. There is no guarantee that these rules will solve every problem, or assure complete solutions. However, if employed properly and consistently, they will positively enhance the situation and improve the relationship.

STEP 1: FOCUS ON THE ADOLESCENT'S FEELINGS

All too often discussions between adolescents and their foster parents get sidetracked onto secondary issues and can degenerate into shouting-matches in which both sides sound like five-year-olds. Focusing on the feelings of the adolescent gets to the heart of the matter without any detours. In most cases if the parents and adolescent can discuss the adolescent's feelings, half the battle is over. This is not as easy as it sounds. Often the adolescent will respond with an "I don't know" if questioned about his feelings. This usually means one of two things. He really may not know his own feelings. This is particularly true of younger adolescents. If this is the case, the foster parent must help the adolescent explore and label his own feelings. The active listening techniques explained in "A Human Development Point of View for Foster Parents" are a good model to follow. However, the "I don't know" also may mean "I know my feelings, but I don't want to discuss them now." If this is the case, the foster parent should inquire about why the adolescent will not discuss his feelings. If the time is not right, the foster parent may have to wait to hold a discussion. If the adolescent is afraid that his true feelings will bring reprisals down on him, the foster parent may have to promise to curb his anger. Perhaps the hardest concession the foster parent may have to make is to allow the adolescent to discuss these feelings with someone else (a counselor or a minister) this time. The foster parent then can lay the groundwork so that the next time the adolescent has a problem, he may choose to turn to his foster parent and not to rely on others to understand his feelings.

STEP 2: ACCEPT THE ADOLESCENT'S FEELINGS

Once the foster parent has heard the adolescent's feelings, he must accept them. With some feelings this is very easy to do. An adolescent who approaches his foster parent with feel-

ings of warmth and love is very easy to accept. The task is much more difficult when the adolescent expresses fear, jealousy, or hate. The tendency in our society is to discount these feelings, even when we feel them ourselves. How many people admit to jealousy? How many will express fear openly? How many foster parents have used the words "You don't hate your brother (sister, friend, etc.); you love him"? All these are examples of people denying their feelings. When dealing with feelings, the important thing to remember is *you are your feelings!* To deny a person his feelings is to deny a person his personality. Denying a person his feelings, especially during adolescence, will produce a person with a low self-concept who will feel little self-worth. The foster parent must accept his adolescent's feelings. Notice that I said "feelings" and not "actions"! While the foster parent should accept the adolescent's feelings, he may strongly condemn his actions. An adolescent has a right to feel anger toward his little brother, but he does *not* have the right to hit him! This distinction between feelings and actions is not an easy one to make. In fact, for an adolescent who previously was reared in a home where no such distinction existed, the task may be, at first, almost impossible. However, if the foster parent can work at accepting the adolescent's feelings--even if they are negative--and criticizing only the adolescent's actions, the adolescent will grow up with a better self-understanding and self-concept.

Step 3: Explain Your Own Feelings

Up to this point, the focus of the situation is on the adolescent. While his feelings are paramount, it is also of crucial importance to the adolescent's growth that he know what the foster parents' feelings are. If parents just focus on the adolescent's feelings, the adolescent can become egocentric, thinking that only his feelings are important. By communicating their feelings to the adolescent, the foster parents let the adolescent know that he must consider his parents' feelings and the feelings of others in order to interact with them.

A second advantage of the foster parents' telling the adolescent their feelings is that this improves the level of communication and understanding between parent and adolescent. The adolescent can understand the foster parent better if he knows how his parent personally feels at moments of crisis. The adult becomes more than "just a parent" to the adolescent: he becomes a person. The foster parent also serves as a good example for the adolescent by showing courage and skill in dealing with his own feelings.

By giving his feelings in a crisis situation, the foster parent also gives valuable feedback on the impact the adolescent has on his foster parent. All too often, when an adolescent does something wrong, his foster parent will be obviously upset but will either walk away from the situation without saying anything or explode and verbally or physically attack the adolescent. In either case, the adolescent doesn't know the specific emotion the foster parent is feeling or the degree of the feeling. He must work in a vacuum and, therefore, guess at his foster parent's feelings. In this situation it is very easy for the adolescent to misinterpret his parent's feelings and to react in a manner that will make the situation worse. By elaborating his feelings for the adolescent, the foster parent gives the adolescent more information to work with and, therefore, increases the family's chances of dealing with the crisis successfully.

Decide, with Your Adolescent, upon an Alternative Method to Deal with the Crisis - Step 4

If the foster parent does not want a repeat of the crisis, he must teach the adolescent an alternative line of action in case the same circumstances present themselves. If the adolescent got angry and beat up one of his friends, he must learn to react in a more constructive manner the next time he is angry. As previously stated, it is important to get into feelings, both the adolescent's and the foster parents'. However, the adolescent also must have the tools to deal with these feelings in a way that is mutually acceptable both to him and to his parents. In order to accomplish this, the foster parent and his adolescent must *discuss* the situation *together*. That doesn't mean that the parent dictates to the adolescent in an authoritarian manner. Nor does it mean that the adolescent manipulates his parents to get his own way. It means they should try to work together to decide mutually upon an alternative solution that they both can agree upon. A general rule of social psychology is that any group of people will follow a rule better if the members have had a hand in making the rule. Adolescents are no different. If their viewpoint is taken into account and if they help to create a rule, adolescents will obey the rule more and have fewer transgressions.

Let's take the example of setting a curfew. If the adolescent wants to be in by 11:00 p.m. but his foster parent wants the adolescent in by 10:00 p.m., the parent should seek the adolescent's feelings and viewpoints and take them into account. Both parent and adolescent may agree to compromise and agree upon a 10:30 p.m. curfew. It is true that the adolescent will be away from home one-half hour later than the parent would like him to be. However, because he had a hand in establishing the time of curfew, the adolescent will break curfew less and respect his parents more.

DEALING WITH PROBLEMS IN THE FOUR DEVELOPMENTAL STAGES

Utilizing these four steps to deal with a problem or crisis situation won't guarantee success in handling every problem. Nor will it assure that a problem situation which was handled successfully on one occasion will continue to be handled well in subsequent situations. However, if all four steps are followed, the situation can be more manageable and, therefore, be less disruptive to the parent-child relationship. The steps are a good jumping-off point for a discussion of acolescents' problems; however, they can be used to help minimize any crisis and should be employed whenever possible to make the best of a bad situation.

The remainder of this section will be divided into the four developmental stages of adolescence: 1) preadolescence, 2) early adolescence, 3) middle adolescence, and 4) late adolescence. A definition and elaboration of these stages and the developmental tasks of each stage can be found in the section "Foster Parenting Is Understanding Adolescence." This chapter will focus on dealing with some of the problems most prevalent at each stage of development.

PREADOLESCENCE

Physical Development

The prime area of concern for the preadolescent is his physical development. It is so rapid and drastic that he finds it hard to cope with his own body. This problem most often manifests itself by the preadolescent's becoming sullen and getting "down on" himself because of his body. The saddest part of this problem is that there is little that can be done to help the preadolescent. The foster parent knows that the preadolescent will continue to develop and will outgrow his problems, but the preadolescent does not. Telling him that everything will turn out all right does little to comfort him. The best thing the foster parent can do is to help his preadolescent label and understand the feelings he is having. The parent also can delve back into his own adolescence and try to remember times when he felt the same way. If a foster parent can talk about his own physical awkwardness during adolescence, the preadolescent will feel more understood and more normal. When dealing with physical development problems, the foster parent should remember that the most important thing that the preadolescent wants to be is *normal*.

One of the best things a foster parent can do to help the preadolescent adjust to his physical development is to inform the preadolescent about the physical changes he will go through *before* they occur. The foster parent should acquaint himself with normal adolescent physical growth and should discuss such changes in puberty with the adolescent ahead of time. Can you imagine how scary something like menarche can be to an adolescent who has had no preparation to equip her to deal with it? It can be devastating! A little knowledge transmitted through discussion will go a long way in preventing a serious crisis from developing.

Masturbation

For many foster parents one of the most frustrating problems to deal with is masturbation. The major difficulty is that, all too often, the foster parent cannot cope with masturbation and, therefore, handles the situation poorly. Ranting, raving, or "going off the deep end" will not help because it will scare the preadolescent without teaching him anything of value. Some parents choose to say nothing, but this probably will scare the preadolescent even more because he will have no idea *how* you feel about masturbation.

Regardless of the individual foster parent's view on the morality of masturbation, following the four basic steps outlined before will help the situation. First, the foster parent helps to label the adolescent's feelings and accepts them: "You are masturbating and it feels good; it's O.K. to feel good." Then he labels his own feelings on masturbation: 1) "If you want to masturbate it's all right with me," 2) "Masturbation is O.K. if it's done in private," or 3) "I believe masturbation is wrong." The feelings of the individual foster parent will depend upon his own morality. Lastly, if he wants the behavior stopped, the foster parent must think of an alternative. For example, if he thinks that the masturbation was performed out of curiosity about sex, the foster parent might offer to sit down and discuss sex with the preadolescent the next time he is

sexually curious.

Needless to say, many factors help to determine the specific responses the foster parent will give to the preadolescent about masturbation: 1) the parent's morality, 2) the specific situation, 3) the age of the adolescent, and 4) the adolescent's previous moral and religious training.

Family vs. Peers

Many of the conflicts of preadolescence boil down to problems that involve the family and the peer group. For example, if the preadolescent would like to skip a family picnic in order to "do nothing" and "hang around" with his peers, this could drive a foster parent "crazy" because there seems to be no logic in the preadolescent's choice of activities. When this type of situation arises, the first thing the foster parent should do is look at the alternative through the preadolescent's eyes. If he remembers that at this age the preadolescent's need for peer approval is much greater than the need for parental approval, the foster parent often can understand why his preadolescent wants to behave so illogically. Often the inclusion of some of the preadolescent's friends in some of the family's activities will greatly increase the preadolescent's interest in his family. However, this very easily can be overdone. It is important to realize that a preadolescent spends a majority of his time with peers and that this is quite typical of this age group. There are many times when, despite all the foster parent's desires, the best thing that the foster parent can do is to leave the preadolescent and his peer group alone. It isn't easy but it is necessary.

EARLY ADOLESCENCE

Intellectual and Moral Development

One of the major crises of early adolescence revolves around the adolescent's intellectual and moral development. His idealism and search for independence often lead him to question his parents' values and to choose a set of values that are different from and sometimes even contrary to those of his parents. In the case of the foster adolescent, the situation is further aggravated. He has been taught one set of moral and religious values by one set of parents and another, often quite different, set of values by his foster parents. At the same time, he also is experiencing that intellectual and moral growth which spurs him to develop his own independent set of values.

One of the typical problems faced by foster parents centers around religion. Very often the foster adolescent's real parents had a different religion than his foster parents, had no religion at all, or were actively antireligious. This kind of adolescent often is placed in a foster home where the parents are deeply religious and consider their religion a major focus of their lives. The foster adolescent may side with either set of parents or may reject both sets of values in an effort to develop his own. When the adolescent disagrees with his foster parent's moral or religious values, the first step the foster parent should take is to open up a line of communication between parent and adolescent. In doing this, the foster parent must be careful not to belittle or invalidate the adolescent's point of view, even if he believes it is

immoral. If the parent can look at the situation through the adolescent's eyes, he may discover that the values which the adolescent is holding may be important to the adolescent for social or psychological reasons and may have little to do with morality or religion. The adolescent may refuse to go to church because his original parents told him that church was for sissies. He may renounce prayer because, by doing so, he can gain status from his peers. These problems should be handled as personality or peer problems, not as moral issues.

Sometimes an early adolescent brings up a genuine moral issue that is not a manifestation of a social or psychological problem. The most common issue is that he does not believe in organized religion while his foster parents are strong members of a specific church group. Having none of his foster parents' tradition or religious background and being extremely idealistic, the early adolescent does not see any of the positive aspects of organized religion. Instead, he focuses upon the church's failure to reach its ultimate goals; he labels this as hypocrisy. Many foster parents find this very threatening, react out of their own personal fears, and use authoritarian discipline to try to "push" the adolescent into believing as they do. With an adolescent, this cannot be done. Either the adolescent will rebel further, or he will comply. If he chooses to comply, his resentment will grow, and the whole parent-adolescent realtionship can sour. These are the best things the foster parent can do: 1) keep a line of communication open, 2) explain what his own beliefs and values are and why he believes in them, 3) elaborate and explain alternatives to his point of view, and 4) try to arrive at a mutually-acceptable compromise. There is no final solution to the problem. Neither side can be totally happy. The best that can be expected is that the beliefs of both the foster parents and the adolescent will not be impinged upon too much and that each will be able to see the viewpoint of the other.

DRUGS

One of the major problems facing today's foster parents is drugs. The prospect of their adolescent's becoming dependent on drugs is most frightening for any parent.

There are several things a foster parent can do to be ready to deal with a drug crisis. First, the foster parent should be informed about drugs, their use and abuse. There are many popular books put out by such organizations as the Do It Now Foundation which can teach both parents and adolescents about the basic facts. Remember, when it comes to drug use, knowledge is strength--*it's what you don't know that can hurt you!* A second step is to have a mutual line of communication open between foster parent and adolescent. Almost all adolescent drug users try to hide their drug use from their parents. The frightening thing is that most parents not only let them hide their drug use but also want them to hide it. The parent can't deal with the drug situation so he pretends it doesn't exist. This "conspiracy of silence" between parent and adolescent helps no one and destroys trust between the two. If the foster parent can make himself available to discuss his adolescent's questions and problems about drugs, the parent may not like what he hears, but at least he will be able to identify the problem and cope with it!

A foster parent's example is his primary weapon against drug abuse. If he himself uses drugs to cope with his own problems, he is providing an excellent example for his adolescent to use drugs also. If the dad takes a drink of alcohol after every hard day at the office or the mom lights up a cigarette every time the kids cry, the adolescent will take this as a license for his own drug use. This is not to say that all foster parents should give up drinking and smoking and never take another pill in their lives! It is only when they use drugs, even the legal ones, as a psychological crutch in order to cope with a bad situation that the damage is being done. After all, if the powerful foster parents need drugs to cope with life, the adolescent, who feels much less capable in living, feels he *must* need drugs to cope.

Another thing the foster parent should do is to evaluate the motivation for and the extent of his adolescent's drug use. Many foster parents "catastrophize" one marijuana cigarette, which was smoked out of curiosity, into a full-blown heroin habit. If the foster parent's adolescent has experimented with pot on a one-time basis, the parent should remain calm and discuss the situation with the adolescent. If the foster parent suspects that his adolescent is dependent, either physically or psychologically, upon a drug, he should consult a professional counselor about the matter. It is important for the foster parent to realize that, although he has a great influence upon the adolescent, he cannot run the adolescent's life for him. If the adolescent is determined to use drugs, the foster parent can help the adolescent and seek out professional help and keep a line of communication open to the adolescent, but he can't *make* the adolescent give up drugs. Despite all the efforts of the foster parent, the adolescent may choose to go the "drug route." That has to be his choice, and it is a good example of the agony of foster parenthood.

School

Very often a child who has done very well in school will enter into early adolescence, and his marks will plummet. For some children this is natural. They "peak" early, academically; then the rest of their peers catch up to them and pass them. For other early adolescents the changeover from grade school to junior high or high school causes a temporary slip in academic work. These adolescents will rebound later in high school. However, many early adolescents begin to get poor marks "on purpose." They have got it into their heads that the only reason their foster parents like them is their academic performance. While this was satisfactory to the adolescent as a child, he now wants to be loved for himself. His low grades are a "test" to see if his foster parents still will love and want him, even if he is an academic failure. The best things the foster parents can do are to build up the adolescent's self-esteem, to discuss the adolescent's feelings of not being loved, and, of course, to reaffirm their love for him. The foster parents also can encourage the adolescent to do well in school, but they should be *extremely careful* not to make their love of the adolescent contingent upon his academic success.

MIDDLE ADOLESCENCE

PEERS AND DATING

During middle adolescence the adolescent's peer group changes from a single-sex group to a mixed, heterosexual group. Dating becomes very important and is the adolescent's chief source of status among his peers. This causes the foster parent numerous problems. The parent wants to provide major input on when his adolescent can date, whom he can date, where he can go on a date, and what time he must be home after a date. Even if the adolescent wants his parent's input on dating, it will lower his status in the peer group if his friends discover it. Therefore, the first rule for the foster parent is to be discrete. The parent should discuss dating with his adolescent when they are alone but not in front of his adolescent's friends. Both the parent and the adolescent should share in decisions about dating. Although many things are still the same, the "dating scene" has changed quite a bit since the foster parent was dating. Therefore, the foster parent should take time out to learn the dating rules and customs to which his adolescent will be exposed, and he should try to arrive at a compromise between his desires and those of his teenager.

SEX

Whenever the subject of adolescent dating arises, the subject of sex can't be far behind. The first thing a foster parent should do to prepare himself for the time when his adolescent will want to engage is sex (and that time *will* happen to every normal adolescent!) is to understand the customs and pressures which are pushing his adolescent toward sexual intimacy with another person and the range of moral values which are open to the adolescent coping with these pressures. These are discussed in the section "Foster Parenting Is Understanding Adolescence." As mentioned in that chapter, the foster parent can elaborate each standard (even including a "hard sell" on the standard which he believes is right) and still accept his adolescent, regardless of the choice he makes. But that is not an easy thing for a foster parent to do!

Let us look at the alternatives. Some foster parents try to bribe their adolescent to follow their morality by offering the adolescent gifts, favors, or even money. At best, this will bring short-term results, and in the long run this probably will breed resentment and a lack of respect. Some foster parents say, in effect, "If you believe in that premarital sexual morality, I won't love you anymore!" What the parents, in essence, are doing is offering the adolescent a choice between the foster parents and either the adolescent's boyfriend or girlfriend or the adolescent's own moral identity. If the adolescent chooses the foster parents, the foster parents have won a skirmish but have started a war of resentment. If the adolescent does not choose the foster parents, the foster parents will feel devastated and will loose most of their future influence on the adolescent. The foster parents also may try to restrict the adolescent from seeing the boyfriend or girlfriend. Nothing will push two adolescents together like a parent trying to push them apart! Many teenagers get married to a person they never would have married in order to show their parents that the parents are wrong. These alternative reactions for parents may be easier for a short period of time, but in the long run the

alternatives are harder and can make a poor situation much worse.

It is important that the foster parent differentiate between *accepting* his adolescent and *condoning* his adolescent. The foster parent should voice his opinion and should establish boundaries for the adolescent's morality. If the adolescent girl believes in having sex before marriage with her boyfriend and the foster parent does not, the foster parent can restrict his adolescent from having sex in his house or ask to meet the boyfriend or have a number of other stipulations which might make the foster parent more comfortable in an uncomfortable situation. However, it is important that the foster parent speak "with his mind" and not "with his emotions." Many an adolescent-foster parent relationship has been destroyed by words spoken in haste while discussing sex. Words like "slut," "pimp," and "whore" never should enter into a parent-adolescent discussion about sexual morality. They only increase the flow of blood.

LATE ADOLESCENCE

Vocation

In handling problems of the adolescent's choice of vocation, the foster parent's main role is that of information giver. The foster parent has seen more of the world and of a wider range of occupations than the adolescent has. Therefore, the choice of vocation is one of the dilemmas about which the adolescent is most likely to seek out his foster parent's advice and to listen to it. There are two major pitfalls which the foster parent must be careful to avoid. He must not eliminate an occupation the adolescent is interested in because he himself does not like or understand it. The foster parent should be open enough to learn with his adolescent about occupations with which he has had little contact. The foster parent's knowledge about vocations still will be valid. It just will have to be reapplied to a new type of career. The second pitfall is the foster parent's trying to "live his adolescent's life for him." We all have unfulfilled dreams. The foster parent must be careful not to push his adolescent into a vocation which he (the foster parent) would like for himself rather than one which his adolescent desires. In this respect the foster parent should be like a vocational "map" for the adolescent. He should not tell the adolescent where to go, but he should show him how to get to the destination he (the adolescent) has chosen.

Courtship and Marriage

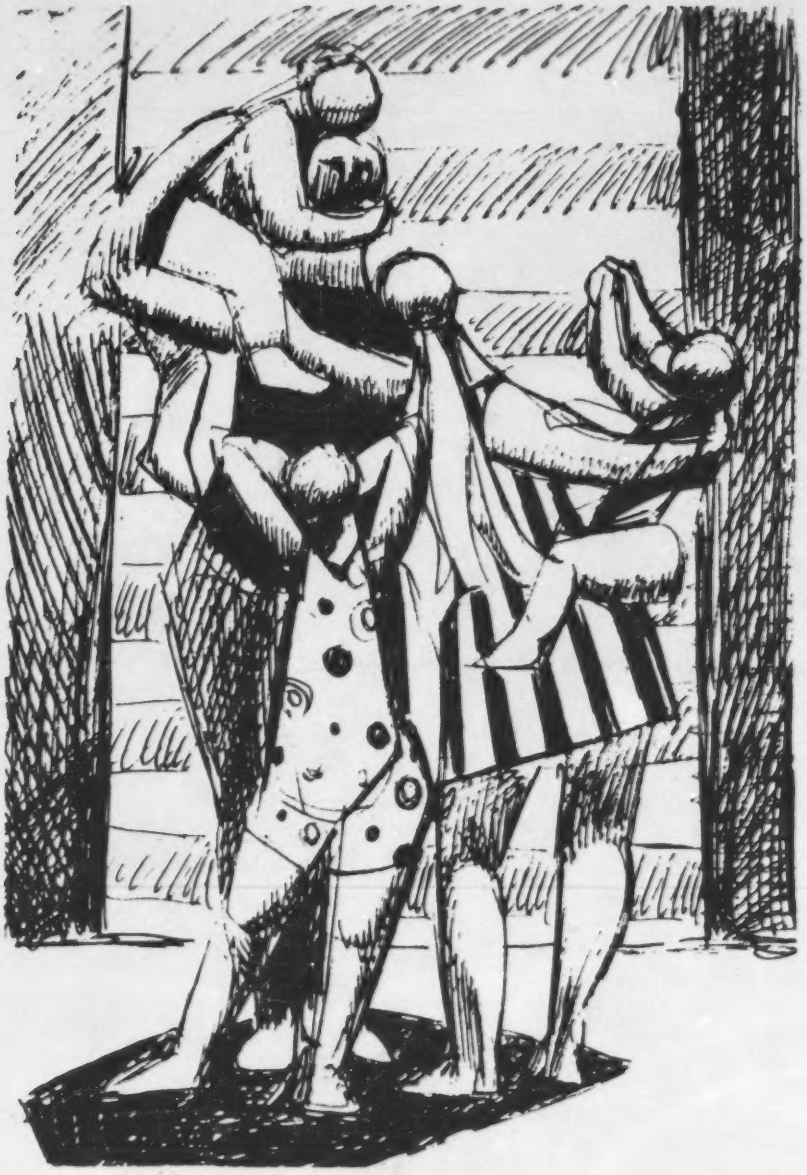
Vocation and marriage are the two major areas for choices the late adolescent has to make. Although the foster parents have a major input on their adolescent's choice of vocation, they have little direct input on his choice of a marriage partner. However, this is not to say that foster parents have *no* input on their adolescent's courtship and marriage! Foster parents have a major, *indirect* influence on whom their adolescent marries and on when, where, and how he marries. A foster parent can make this indirect input through suggestions, private discussions, and nonverbal signs of approval or disapproval. However, the foster parent must take care not to exercise direct influence by means of authoritarian demands or public disapprovals. That is the easiest way to drive an adolescent from his own

home. The foster parent also must be careful that he isn't giving out "double-messages." The foster parent may voice approval of a boyfriend or girlfriend, on the one hand, yet nonverbally reject him/her on the other. This often occurs when a foster parent enthusiastically greets a boyfriend or girlfriend during introductions and then proceeds to ignore him or her for the rest of the evening. The foster parent should remain aware of the informal effect he has on his adolescent's courtship and marriage. First of all, he should remember that the boyfriend or girlfriend to whom he is being introduced is a human being, with strengths and weaknesses, and that his adolescent has chosen this person to date, love, or spend the rest of his life with (depending on the stage of courtship). The foster parent should be as nervous and honored to meet him/her as he/she is to meet the foster parent. After this initial meeting the foster parent should be honest with his adolescent in private. He should not put on phoney airs of approval when he doesn't like his adolescent's boyfriend or girlfriend. His nonverbal behavior will betray his true feelings. Although he should not try to change his adolescent's choice of date or mate, the foster parent should make his feelings clear to his adolescent, abide by his adolescent's decision, and make the best of the situation. If his adolescent marries, the foster parent should recognize that a major tie between his adolescent and him has been cut. He should not try to reclaim his adolescent by interfering with the marriage but should allow the couple the freedom to establish their own family.

This section has focused on a few of the problems which face foster parents of adolescents and given some suggestions for dealing with these problems. It is not meant to be an exhaustive encyclopedia of problems and solutions but is designed to offer some basic foundations upon which the foster parent can build. Some situations will require a strong input from the foster parents. Other dilemmas will sort themselves out. It is of the utmost importance that foster parents know when to intervene in a crisis and when to let the adolescent try to solve his own problems. The foster parent must remember that his job is to guide and direct the adolescent. The adolescent must take his foster parent's input, together with all the other inputs from his peers, culture, the mass media, and such, and form an identity which has its own individual direction. If he succeeds, his foster parents can feel proud for having done their job well. If he fails, his foster parents must accept him, refrain from saying "I told you so," and be there to help him get up again. Such is the agony and ecstasy of foster parenting.

PART TWO

INCIDENTAL PAPERS



FOSTER CHILD CARE: A PROFESSIONAL SERVICE

Presented at the Annual Meeting
of the
Kansas Foster Parent Association
in Topeka, Kansas, March 1975

by

C.E. Kennedy, Ed.D. and Robert Paulus, M.S.

Among the several professional groups and individuals who contribute to programs of human development and mental health in communities throughout our nation, foster parents occupy a significant place. The services that foster parents render include the extensive range of physical, social, and psychological care required for children's survival and nurture, such as the kind of care that usually is provided by natural parents. In addition to this child-maintenance care, foster parents provide the special attention and rehabilitation services required by children experiencing special stress. By definition, children entering foster care are experiencing special stress associated with some difficulty or temporary disolution in their natural family situation. Thus, foster parents need some of the rehabilitation skills and understandings required of mental health workers in various agencies in the community.

In addition to skills for the services they provide directly to children, foster parents also must have knowledge of laws and procedures for dealing with the courts and departments of health and social rehabilitation which are associated with the complexity of resolving problems in the child's family situation. and of formulating alternative living arrangements. They also are called on to relate in constructive fashion to their foster child's natural family while one or more members often are experiencing severe emotional or social problems.

It is obvious, then, that foster parents are key members in a team of human service specialists who are working together to create physical resources and helping relationships to rehabilitate the foster child and facilitate normal development of his growth potential. Let us now examine somewhat further each of these areas of competence that the foster parent draws upon in the course of providing the professional service of effective foster care.

NORMAL MAINTENANCE AND NURTURANCE CARE

When cast in terms of individual maintenance, the services which provide for a child the fundamental necessities of food, shelter, health, socialization, and personal nurturance are a series of major activities requiring special training in a variety of areas. For example, the foster parent providing such

service needs competence in budgets and purchasing. He* needs skills in food preparation and the maintenance of housing. These skills must include an understanding of basic nutrition and of other fundamentals of health. He needs to recognize and treat minor illnesses and to refer to and work with medical personnel in case of severe sickness or handicaps.

Work habits, attitudes toward community, and social values, which will determine an individual's ability to become a self-sustaining and contributing member of society, are created during the childhood and adolescent years. How well this is done by the foster child will depend on the helping-relationship skills of the foster parent. Major responsibility for the socialization processes for the personal, psychological nurture of the foster child resides with the foster parent. Of course, the foster parent is a member of a foster care team (*Team*) that works together to develop for each child an individualized plan and resources for optimum care; however, the round-the-clock implementation of the program resides in the foster parent. The quality of his training in the skills of the helping relationships is of paramount importance.

The cost and the skill of creating and maintaining the physical environment of house or apartment should receive major consideration in reviewing the services provided by a foster parent. Whether fixing faucets, choosing drapes, or sweeping the floor, the foster parent contributes to the health and psychological well-being of the child. If he is inept in doing or providing for the upkeep of the home, the development of the child will suffer.

REHABILITATIVE SERVICES

Foster children are children with special problems. This is said in a positive sense and not as condemnation. Simply put, any child will have special adjustment to make when his family is experiencing sufficient stress to cause him to be placed in foster care, temporarily or long-term. The objective of foster care is to assist the child to make those adjustments in the most effective fashion possible and to maintain the normal growth toward the full realization of his potential abilities and strengths.

The foster parent functions as a member of the *Team* which includes psychological, legal, religious, social, educational, and physiological specialists. He has access to their consultation and to the resources their special services provide. However, he is the one charged with the major task of developing and maintaining a therapeutic milieu. He must, therefore, have an understanding of the principles of psychological growth. He must understand some of the factors that contribute to maladaptive experience, and he must know the rationale of counseling and the procedures for retraining and for problem solving. More importantly, he must possess within himself an awareness of the psychological

* The term "he" refers to both male and female foster parents.

processes which influence his behavior, and he must be skilled in relating awarenesses of himself and of the feelings and needs of the foster child in ways that facilitate the reorientation and strengthening of the child. These are the skills of the helping relationship, and they are fundamental to the effectiveness of a foster parent.

Does this mean that the foster parent must have extensive graduate training in clinical psychology? No, but it does mean that he must have training in child development and in helping relationships. His focus will not be on analyzing pathology but rather on facilitating growth. For this, he will need to know how to relate effectively to special needs of children at special times. He will need to know how to contribute to and how to utilize the resources of the *Team.*

NEED FOR SPECIAL CONSULTATION

In this connection, the foster parent will need to have available the consultation of a child care specialist on a regular basis. This element of supportive *supervision*, which is taken for granted in most mental health programs, is often lacking in community resources for the foster parent. Staff in counseling centers, for example, would not dream of operating without case conferences and in-service training devoted to the strengthening of their skills in the helping relationship. Such professional resources must be built into the foster care service program. This is not the same as the administrative review and consultation by the social work supervisor which is directed toward the management of a given case. Professional *supervision* for the continued development of the foster parent's awareness of himself and his understanding of child development and of the helping relationships is for the upgrading of the total foster care service profession. In some instances this supervision may be financed by the local or state association of foster parents. In other instances it may be financed by public funds for continuing education of mental health professionals.

WORKING WITH THE *Team*

Children come into foster care out of circumstances which usually involve the courts and inevitably involve government agencies of social rehabilitation and health. The competencies of the foster parent must include familiarity with regulations and procedures. They must include the ability to interact as an equal member of the *Team:* providing input to the decision-making, carrying out program plans, and providing meaningful feedback and evaluation.

Schools, churches, and mental health and recreation organizations often are represented on the *Team.* Members from these organizations form part of the group of persons significant in the life of the foster child. The way in which the foster parent interacts with these representatives influences the effectiveness of the assistance obtained. He can be neither possessive nor overly compliant.

He will recognize the strengths of the foster home and of the child; and he also will identify, and be open to suggestions for, resources needed by the child which are available from other sectors of the community. This comes from knowledge of community resources and agency functioning and from an understanding of the psychodynamics of group processes and communication.

RELATION TO NATURAL PARENTS

Special skill is required of the foster parent in relating to the natural parents and family of the foster child. In many instances there are emotional or social problems existing within the natural family which have brought about the temporary removal of the child from the home. These conditions may complicate communication. The residue of memories and the invariably ambivalent feelings on the part of the child toward his family put pressures on the foster parent for certain kinds of relationships with the natural parents. The guidelines set up by the court, social rehabilitation service, mental health center, or others involved in helping relationships with the natural family also create pressures for certain kinds of interactions with the natural family.

The foster parent experiences pressures growing out of his relationship with the foster child and out of his relationship with others of the *Team* involved with the family. Therefore, skill in reviewing communication processes, utilizing consultation services, and clarifying and maintaining established procedures are some characteristics of a foster parent who is effective in relating to the child's natural parents.

ROLE IN THE COMMUNITY

The professional identity of the foster parent is not clearly established in most communities. There is an old, but sometimes still prevailing, concept voiced in the self-deprecatory expression of the foster parent who says, "I keep children for the county." There also is the more frequently held concept that the foster parent is just the same as any natural parent. This usually carries the corollary idea that it is detrimental to the child for the foster parent to espouse a professional identity. A further implication, sometimes coming from this view, is that to receive remuneration for professional services--that is, payment above the cost of expenses of providing board and room--also is detrimental to the child.

Staff members of larger foster care institutions housing 20 or more children are identified more easily as providing professional services. The quality of service required for optimum growth of the child is the same whatever the size of the home. Where foster care is less than adequate, the cost to society in terms of the human spirit and in terms of continued costs for welfare and correctional services is immense. Research of human services in a variety of areas points to the value of foster care services that are provided in smaller

units within the local community. It is imperative that all foster parents view the services they provide as a significant part of the national mental health program.

It is important to himself and to the foster care professional that the foster parent possesses the confidence and perspective to affirm his professional identity. He needs to understand clearly his skills and the role he has in the mental health effort of the community. He needs to be able to articulate this clearly to the community. This implies also his commitment to strengthening the professional organization and to working toward the development of resources and conditions that will maintain the most effective foster care services. This will include such things as certification, pre-service and in-service training, and remuneration appropriate to the foster parent's level of training.

To illustrate the reality and nature of the communication task facing the foster parents, the following "foster mother" job description is quoted from the *Dictionary of Occupational Titles*:

> Foster Mother (domestic servant) 309.878. Rears children in own home as member of family: Oversees activities; regulates diet, recreation, rest periods, and sleeping time. Instructs children in good personal and health habits. Bathes, dresses, and undresses young children. Washes and irons clothing. Accompanies children on outings and walks. Takes disciplinary action when children misbehave. Children may return to parent's home during weekends and hollidays or may remain with Foster Mother full time. May work under supervision of welfare agency. May prepare periodic reports concerning progress and behavior of children for welfare agency.

It is interesting to note that only "foster mother" is listed in the dictionary; there is no listing for "foster father," foster parent," or "foster care worker." The *Dictionary of Occupational Titles* is the official reference for the U.S. Employment Service and for government personnel offices. The number given an occupation reflects the level of responsibility and the nature of the work. The number 309.878 assigned "foster mother" is similar to numbers given butlers, maids, and valets. The first three digits identify the occupation as a domestic service occupation. Residence counselors (045.108), teachers (091.228), recreational therapists (079.128), case work aides (195.208), and houseparents (187.138)--all of which include some of the elements of foster care service--have numbers reflecting the interpersonal services and significant levels of responsibility associated with foster care. It is important that foster parents and agencies assist personnel offices, the public, and legislators to have a clear understanding of the highly-responsible services foster parents provide.

AREAS OF FOSTER CHILD CARE SERVICE

As personnel officers and state legislators move to establish more effective provision for foster care services, they will need some framework in which to view those services. Staff at Kansas State University, with a Foster Parent Curriculum Grant from the Office of Child Development, are working with foster parent associations, agency personnel, and other educational institutions to develop training resources for foster parents in Region VII. Table I suggests a framework of 10 areas they are considering to describe foster child care services. Under each of the 10 areas will be detailed a series of operations with a designation of the level of skill required for that operation.

Foster parent associations, together with the social rehabilitation services and health and educational agencies, will need to work with legislative committees to spell out the sequence of training and experience (perhaps expressed as levels of competence in different areas) needed for different classifications of foster parents.

Such a framework also will prove useful for community colleges and other educational institutions as they develop curricula for pre-service training of foster parents. Social rehabilitation services and foster parent associations can assist these institutions by sharing with them similar outlines, which they use in planning the sequence of their in-service training programs.

The services of foster parents have a long and valued history; however, we are just now moving into a period of urgent need for foster care services and, also, of great opportunity for professional development. There is much work and exciting challenge ahead for the Kansas foster parent association.

TABLE I

FOR FOSTER CHILD	EXAMPLES
HEALTH AND NUTRITIONAL SERVICES:	Shop for food Consult with pediatrician
ENVIRONMENTAL MAINTENANCE:	Purchase clothing appropriate for climatic conditions and the child's physical and psychological stage of development
BEING MEMBER OF FOSTER CARE TEAM:	Fill out required reports Share in staff's planning for child's developmental program
SPECIAL HEALTH SERVICES AND SKILLS OF FOSTER PARENTING:	Choose appropriate disciplinary techniques Develop a helping relationship with the foster child
TO FOSTER CHILD	
SOCIAL RELATIONS TRAINING:	Provide playmates for foster child to interact with Maintain high level of communication with child about his social relations
PSYCHOLOGICAL DEVELOPMENT TRAINING:	Help child label and constructively deal with his anger Assure opportunity for training for intellectual development
MORAL TRAINING:	Assist child in making personal choice concerning religion Help child utilize moral values in his day-to-day decisions
LIFE SKILLS TRAINING:	Teach child to budget his money Expose child to people of various occupations for his career planning
PHYSIOLOGICAL DEVELOPMENT TRAINING:	Teach child how to maintain physical fitness Assist child in adjusting to onset of puberty
CULTURAL AWARENESS TRAINING:	Participate with child in celebration of historical and cultural events Assist child to appreciate his own ethnic heritage

CAREER TRAINING FOR FOSTER PARENTS

A Panel Interview
Presented on the KSAC Perspectives Program
March 1974
(Conducted by Donald Brewer, KSAC News Director)

DON BREWER: With an HEW (U.S. Department of Health, Education, and Welfare) grant from the Office of Child Development, the Kansas State University Department of Child Development is studying the needs and resources for foster parenting in Region VII, a four-state area of the United States.

Plans are to develop a network of training programs: in-service training through the Department of Social and Rehabilitation Services and the foster parent associations and pre-service preparation through foster parent career curricula in community and four-year colleges. Guests today to discuss this topic are Dr. Ken Kennedy and Bob Paulus, professors of family and child development at K.S.U., and Daniel and Lorita Whitaker, officers in the Kansas foster parent association.

Dr. Kennedy, to open our discussion, you might address yourself to the thought: Why is a foster parent program needed when we hear so much these days about couples wanting to adopt?

KEN: As background in responding to your question, Don, I would like to make a comment about why our department has received a grant from the Office of Child Development to develop training and resource materials in this area. I think the foster care worker--the foster parent--provides a most strategic service to the whole mental health enterprise. It is a service which usually isn't recognized. Foster parents provide services to children in stress for a matter of hours, a weekend, or maybe continuing service through several years. But this is a kind of immediate service as a part of a mental health team that distinguishes it from the kind of services that might be provided by adoptive parents. One of the objectives of our research is to better understand the work of foster parents and to relate this to programs to prepare individuals for careers in this field.

We feel very fortunate that the Kansas foster parent association is cooperating with our project. Daniel is this year's president of the Kansas foster parent association, and Lorita is chairperson of the education committee.

DON: Mr. Whitaker, what is the foster parents association?

DANIEL: The Kansas State Association of Foster Parents began approximately three years ago for a number of reasons. One reason was for the education of the public about what foster parents are, what foster children are, and why foster parent service is necessary. Another reason is that foster parents often operate in isolation. We often did not know about each other. . . and would not know that others were having the same problems. The association is a group of foster parents getting together to find out about foster care in general.

There are a number of misconceptions as far as foster care is concerned. One is that foster children are bad children. Foster children are very seldom delinquent in the sense that they have done something that brought them to the court's attention. Most often, children will come to the attention of the juvenile court because of neglect and not delinquency, or quite often, it is a case of parents' simply being unable to take care of children, temporarily. Because of our mobile society, there may be no relatives that can provide services. Fifty years ago parents had relatives who lived in the communities. If the parents got sick, the children went to see Grandma and Auntie. Today, quite often, a parent will be living in Kansas, and the relatives will be in another state. Parents will turn to the social and rehabilitation services department for help in temporary care of their children.

KEN: It is often difficult for people to understand the high level of responsibility foster parents have. Bob, I wonder if you would share with us a little of the information you discovered recently from the *Dictionary of Occupational Titles*.

BOB: I was greatly distressed to find foster parents aren't classified by the federal government. Foster fathers don't exist as far as the government is concerned. Foster mothers are listed numerically under the same category as a butler, valet, or personal footman is. In other words, they are labeled "domestic servants"; they don't have to have any type of talent or capability other than dressing and undressing small children, preparing meals, ironing, and washing clothes.

KEN: In contrast to that, would you lift out a little of this outline of the research project that we have--analyzing the kinds of services that foster care provides as a contrast to the domestic service picture.

BOB: We have identified 9 or 10 major, important categories for which foster parents have responsibility in care of foster children. These include providing health and nutritional services. . .(and) environmental maintenance (providing

clothing is a small part). . . . One area that isn't emphasized enough is being a member of a foster care team. . . . Others areas that are important are social relations--teaching the child, who might have been deprived for several years, how to relate to peers, teachers, and other important individuals. This goes along with building up self-concept. . . . Another area is helping the child understand what his parent's heritage is so that he doesn't feel cut off from his background: he is able to be culturally aware of who he is.

KEN: To carry out these many facets of responsibility requires skills and considerable understanding. This ties in with the interests of the Kansas foster parent association and the Office of Child Development in Washington. Both are concerned with developing training for foster parents. There is need for preparatory training for individuals entering that career and also in-service training. . . .

Lorita, how many foster parents are there in Kansas?

LORITA: I think there are about 1,500 couples in Kansas, and they are serving approximately 3,000 children. One thing that we found is that people who first enter foster care work are often expecting the care of the foster child to be simply an extension of caring for their own children. They generalize to the foster child and are not aware of all the special problems that the child is bringing because of his previous environment, the disruption at being separated from his family, and the insecurity of not knowing what is going to happen to him.

Some people are leery when they first get into foster parenting. They're not sure what it is going to involve. For this reason we see a three-facet education program. First, when people are considering foster care, we like to have some sort of introduction to the field--some meeting with experienced foster parents to discuss realistically what foster parenting is all about, so that their expectations are based on adequate information. The second step comes when a person does receive a child. We are hoping to set up a four-week orientation period--very general classes dealing with the separation trauma, how to deal with the natural family in terms of visits, and how foster parents might be of help to the natural family in preparation for the time when the child may return home.

Also included in the orientation meeting would be special problems such as bed wetting, lying, stealing, or depression that the child might experience. The next step in our plans is for an extensive training program for experienced parents who have passed the initial stages and feel this is something they really want to enter and work at as a professional person. We see this as being, at a minimum, a two-year training program

that would involve areas of child development, child management, also specialties, such as caring for handicapped children. I personally hope that in the future we will have a certified foster parents' status that will distinguish a more professional foster parent from a new one who is feeling out the situation.

KEN: It seems to me that you lifted up three ideas that are exciting to me but which I also know are controversial. One is the idea that foster parenting is a career and not something you do on the side. It is something that you should be paid for, and your professional competence should be recognized. I think there are some foster parents who would be embarassed with the idea that this is a career. They would prefer to see this as a part of their community service. Will this be a problem to the establishment of the foster parent career?

DANIEL: I don't think it has to be one or the other. I think both perspectives can fit into foster care services, and I think they are both necessary. However, I feel that foster parents should be recompensed even beyond their expenses.

KEN: Bob, you have expressed the need to help those that write legislation keep informed about the significance of foster parent services and about the qualifications needed by foster parents. How does this relate to salaries for foster parents?

BOB: What we hope to do is to be extremely explicit in describing what a foster parent does and what type of training and education he needs. Then we can go to the legislature, show them precisely the job description, and say, to get that type of person, the state needs to deal with them as professional persons--not volunteers. You see, right now, foster parents are not paid in their work. They are viewed as volunteers. The expenses for food and clothing are paid by the state, but there is not a salary for the care and services the foster parent provides.

KEN: This would imply that if you are going to have a clout with the legislators, foster parents throughout the state are going to have to be active with their organization. How can they get in touch with the association?

DANIEL: There are 16 local associations in the state, and the Kansas State Association of Foster Parents' address is P.O. Box 45, Lawrence, Kansas 66044. If they will write, we will try to get them in touch with a local association.

DON: Dr. Kennedy, where would you like to see this movement go from here?

KEN: The care of children in stress requires the services of many persons in our communities--ministers, psychologists, social workers, judges, and foster parents. I would like to see foster care services become a professional career. This means recognition that the kind of support a child in stress needs requires a special capability. The service children need from foster parents is unique from the psychologist's service in the mental health center, unique from the minister's or the judge's. It involves understanding the processes of human growth and development. It requires managerial skills in the home. It involves ability to deal with the various agencies and groups that are also working with the child during development. I would like to look forward to the continued development of foster parents as well-trained and well-recognized members of the mental health teams in our communities.

PREPARING FOR FOSTER PARENTING

A KSAC Interview
with Bob Paulus, Co-director,
Curriculum Development Project for Training Foster Parents
Presented October 1974
(Conducted by Deanne Wright, KSAC Women's Program Director)

DEANNE: You gave me a figure that presently 250,000 to 300,000 children are living with foster parents, with persons who receive some compensation for the expense of caring for the children.

BOB: That's a thin figure. In Manhattan, I know of one couple who keeps two or three young children of their neighbors. They say they aren't foster parents, but they provide 24-hour care because one of the parents is mentally retarded and the other works 18 hours a day. The parents can't really provide the type of adequate child care that is needed. The next-door lady takes in the three children and makes sure they get food to eat and clothing and makes sure they go to school. That's being a foster parent. Nationwide, if you counted all those (if you could find them--the friends and relatives who care for other people's children) and those who work for private agencies, the number would probably be almost twice that--450,000-500,000.

DEANNE: Let's talk about the foster child. How is he in a foster home? What's the problem of the child?

BOB: In each case there is a different background. An unmarried mother may discover that she is unable to handle a child by herself. Parents of young children may be jailed. Abandoned children need to be placed in homes. Parents with financial problems who both need to work cannot provide care for their children and voluntarily give up their custody. Cases of child neglect or abuse require the courts to take action to remove children from their homes.

The period that a child remains in a foster home may range from temporary, for a period of a few months while parents get re-established in society, to permanent, when the child enters the foster home at a young age and remains there until he is an adult ready to enter society on his own.

DEANNE: What accounts for the current increase in the number of foster parents?

BOB: It is an increase in the need for foster parents. The courts have seen that the large institutions like Boy's

Industrial School and Girls' Industrial School are not meeting the needs of youth. I see the need for smaller group-care homes. The courts are saying we want to place children where they can receive individual love, direction, training, and support. Every year more and more agencies are crying for more foster parents.

DEANNE: Let's look at what the foster parent does, because many people feel inadequate to take on that job.

BOB: First, the foster parent job includes being a parent. The agency is asking that foster parents take in a child as if he were their own. Because he is really not their own, because his guardianship is still in the hands of his own parents or in the hands of the state, there are some complications.

On a regular basis, foster parents have to get together with the agency and discuss what is happening with the child. If you are a foster parent, the agency will have a caseworker talk with the child in your home to make certain he is getting the kind of input and support that he needs from you. Occasionally, you may have to visit with the courts about the foster child's progress. On a fairly regular basis, we hope to make it possible for the child to visit his natural parents' home because we like to maintain that relationship if possible.

The foster parent job is a complex job of parenting. It requires somebody who has a lot of love and concern for children and who will spend extra hours each week working with the child.

DEANNE: Before going on the air, you talked about your research, and you listed what a parent does and what you expect foster parents to do. It is pretty overwhelming. Why don't you go through that, because I think parents will say, "Do we do all that?"

BOB: What we are trying to do this first year on the grant is to study in depth and detail exactly what parents and foster parents do. We have listed several typical service areas which are provided by foster parents. In the first area are the normal things, such as health and nutritional services--providing a regular, balanced diet, making certain the child is not sick. Secondly, there is environmental maintenance--making certain the play area is well-supervised and safe, that there is no broken glass, that the house is clean, that nothing is balanced on a shelf ready to fall on a child, that toys are safe and adequate for his size and ability. The third service area is being a member of a foster care team, which means that in conjunction with the courts and social welfare agencies, you sit down and try to map out the best plan for

working with the child for a six-month period.

The next six areas are grouped in a service block. They are really the overwhelming part, because most people don't realize they are doing them naturally as parents. (I don't think anybody does then *naturally*; parents *learn* to do them.) They are things that you want to assist the child in learning and incorporating into his personality so that he can become a mature, functioning adult, eventually.

The first is social relations training--teaching him how to interact effectively with you, and to do the same with teachers, police, playmates, and members of the opposite sex.

The second area is psychological development training, which is probably one of the most important areas for foster children because they often have little or confused self-concepts. It is an area in which we have to work with foster children, because they may look down on themselves and fear that the problems of their parents were a result of who they are. They may see themselves as being inherently bad. The foster parent teaches the child to look at himself as a person with a lot of value. A prime way of doing this--with younger children, especially--is to heap a lot of love on them and really appreciate the good things they can do.

A third area is moral training. I think this is an area in which we really would like to help the child formulate religious and ethical values by which he wants to live and to teach him how to apply these values to day-to-day decisions.

The fourth area is life skills training. This would be everything from how to balance the budget, how to change the tires or oil on the car, how to know if a mechanic is cheating you, to how to fill out your income tax. For some reason schools quite often don't teach these things, and parents often don't. We would like to teach foster children as they grow older what life insurance is, how to purchase it, and how much they need. These things are whan an adult really needs to have--skills for coping and for security in our society.

The fifth area is physiological development, which is anything from teaching the child how to play jacks and jump rope to making sure he gets introduced to the football coach if he is interested in football. Helping the child as he progresses to various developmental areas is a responsibility here--making certain he is trained to go to the potty at the right time or trained to coordinate hand and mouth functions so that he can feed himself.

The last area is important because it gives depth--cultural awareness training. We need to introduce the child to all the richness available in Western society--not just color television, but art and cultural things that really make our society rich, intellectually and culturally. We need to help him see his own unique heritage, ethnically, and find a history and identity of which to be proud.

DEANNE: You said that parenting does not come naturally.

BOB: I think that we are finding a lot of concern for this. Maybe at one time it did, because when you had a child, you were living at home with your husband who was living with his parents; and you were taught by your mother-in-law to raise children. She was taught by her mother-in-law. Sometimes you would have a three-to-four generation family living together, with hundreds of years of child-raising experience. I really see the need, not just in foster parenting but nationally, to provide more education for parenting. . . .

DEANNE: I think one of the greatest gaps I see is that many young parents do not know what is normal behavior for a certain age child, and many times children are punished because they aren't little men and little women when they should be looked at according to what they are capable of for their age.

BOB: Sometimes it is really good to know that a four-year-old who doesn't want to eat anything but potatoes and peas is normal and to say, "Fine, if that is all you want to eat, but don't expect candy or snacks afterwards." This is a way of allowing the child to express who he is within acceptable limits. He knows, "Well, yes, I can do this, but the cost for doing this is no candy and no desserts if I don't eat my meat and vegetables."

DEANNE: How do you plan to train foster parents?

BOB: We are hoping to be able to reach them on many levels. This first year we want to find out exactly what foster parents are supposed to be doing and the skills needed for this. In the second year we will start developing a variety of curricula so that we can provide foster parents with everything from a six-week training course presented by the social welfare agency to, perhaps, a year-long curriculum offered through junior colleges or Vo-Tech schools. They will have marketable skills in the area of being a foster parent. We would like to see them working in small groups with their agency to redefine what is expected of them and how to provide services.

DEANNE: Do most foster parents want this type of training, or do they feel it is an imposition to them?

BOB: I think you will find that there is a split. Those who are foster parenting for their own needs don't really see that they need any training--they have somebody to love, and they aren't really concerned about the result of their love

on that child. They are very few in number, and even they have some concern that what they are doing is right. A large number of foster parents really want reassurance that what they are doing is right, and they are open to small group interaction but not formal book learning. They want to be able to discuss with people whether they are doing the right things and how they can do better. There is a large segment who say, "Yes, I want the training. I want to make sure that what I'm doing is right, and I want to have something in my hand when problems arise that I can thumb through and say, 'Ah, yes, here it says one way of handling this, and here is another.'"

DEANNE: You will develop an actual handbook?

BOB: Our first year we are developing a curriculum foundation series--a manual for the instructors in foster parent training. This is to help them have an overview of the content that needs to be covered eventually in a training program. Next, we will be developing teaching materials and texts for use in the classes and materials for foster parents themselves.